

issue 89 | march 2013

CRANA *plus* magazine

the voice of remote health

RRP: \$10.00



ANOTHER
BUMPER
EDITION!

educate 52
advocate 70
support 86

from the editor



One of the great pleasures of being Editor of the CRANApplus magazine is seeking out many of the stories that we bring to you and having the opportunity to speak with so many people about their working lives. Every time this enviable task comes around, it reinforces to me what an amazing group of individuals work in the remote health sector and how we should celebrate their efforts.

Our feature article in this issue 'All in the family' is an engaging story of four siblings, all of whom are remote area nurses, and their partners, who are also remote area nurses. They write of their work, both in Australia and overseas, and they share strategies about how they maintain their wellbeing in these demanding roles.

Also in this issue, among our contributors, is Sandra Dann, Director of the Working Women's Centre, who discusses workplace bullying and the unacceptably high reports of workplace bullying in the health sector and asks: 'What is it about the 'caring professions' that seems to provide a rich and fertile environment for turning on colleagues or employees?'

And health journo and blogger Melissa Sweet calls on employers and organisations who have not yet grasped the potential of social media as a positive force for health 'to get with the times'.

We welcome new Corporate Members: Central Australian Aboriginal Congress (CAAC) and Torres Strait & Northern Peninsula Health Service. CRANApplus greatly values our relationship with the fine organisations that have chosen to partner with us.

Don't forget to check the conference section for updated details of the speakers joining us at our Annual Conference in Darwin in September.

Happy reading.

Anne-Marie Borchers
Manager Member Services, CRANApplus



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About the Cover: People came out of their houses to wave to us as we took off into the setting sun. (Read more in "All in the family" on page 7).

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from the ceo

It's always nice to write to our members and supporters at the beginning of the year with enthusiasm and promise.

It seems like only a few weeks ago that we were winding down for the year and for some of us looking forward to a well-earned break.

For those of you who managed to do that, welcome back. And for everyone else – off we go again.

This year will be an interesting one: full of uncertainty as well as potential and promises of new beginnings.

This is a funding year for us, where our three-year funding is renegotiated, new goals set and strategic frameworks revisited. It is a time when we have to once again prove to all those who matter, that what we do is of value and that, without our services, remote health and those who work in that sector could find life difficult.

Once again we need to let people know that we are the only national member-based organisation with remote as its sole focus. And we need to inform the powers that be that we provide the education and support that allows remote health practitioners to continue on with their valuable work.

This, in itself, is a challenge that we will rise to meet.

But this is also a year in which the current Government has announced an election, nine months in advance. This not only ensures that we are on our toes from day one, but that we are in the position to help educate all sides of politics on the need for health equity right across the Nation.

The remote sector is always nervous when the possibility of big changes are on the horizon as it is difficult to ensure that remote health is understood and valued as it should be by all players old and new. This is our goal and we will do everything in our power to have the voice of remote heard and understood.

With all that in mind, we must also progress the normal work of the organisation. We are looking at more courses once again and the trialing of others that might expand our education portfolio. We are ever expanding our support systems for the sector and we are working on the credentialing project. We are also looking at clinical governance standards to assist the sector and expanding our research capacity.

As I said, this is a year of promise and it is incumbent on us to drive the health agenda for the remote sector and support the workforce that strives to make a difference and bring a professional level of health care to the bush.

Carole Taylor
CEO, CRANApplus





Photo: Alison Fort.

engage

from the president

Dear CRANApus members, supporters and stakeholders

Welcome to another bumper edition of the CRANApus Magazine, the first for 2013. It appears that this is going to be a fascinating year to be a healthcare professional, particularly for us who work with some of the most marginalised and disadvantaged people in the country. We clearly face some significant risks, not least of which is our current and future workforce.

Personally I'm thrilled that my niece has been accepted into university to study nursing... a second nurse in the family has to be a good thing! She will be studying at UniSA (my alumni) and I can't help but wonder how much will have changed in three years when she is applying for a graduate program. I sincerely hope that she doesn't face the stress and trauma associated with not getting a position, like many of our current graduates. It's clear that we will desperately need these new professionals in

the near future, but how many will we lose in the meantime? As the current custodians of the remote and isolated health environment, I think it's essential that we ask ourselves if we're doing enough to ensure that students from all disciplines have access to student placements, graduate programs, strong role models, relevant educational preparation and supported entry programs into our specialty of healthcare.

We clearly face some significant risks, not least of which is our current and future workforce.

As with many of you, I'm also extremely nervous about the current posturing that is happening between differing levels of government regarding who should fund what. Do people really think there are invisible lines in the sand that divide primary health care from acute care in remote locations?

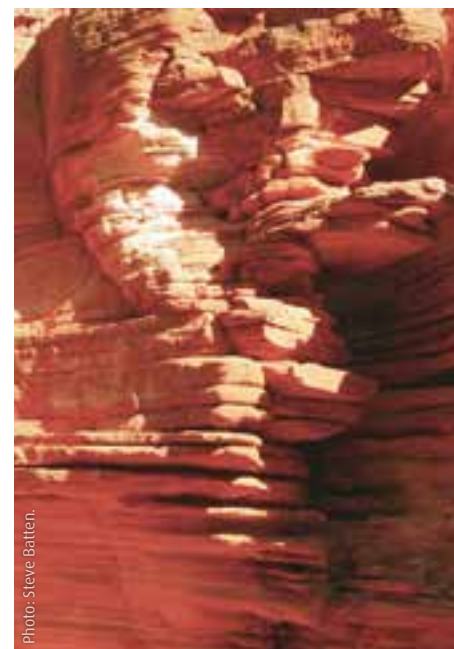


Photo: Steve Batten.

As economists drive healthcare, as opposed to informing it, we have bureaucrats trying to work out who is best placed to provide healthcare in areas of market failure, where the MBS-funded model of GP primary care is not a viable option. As remote health providers we have been in this space for many years, and therefore have a deep, vested interest in this cost-shifting argument. It's apparent in some places that health promotion, prevention and early detection of disease programs are being crucified for short-term 'budget driven' measures. The gains in these areas are not always as easily measured as an HbA1C, but I, for one, believe that we are damaging our future health, welfare and prosperity while further disadvantaging those most at risk.



CRANApus will continue to lobby for long-term, culturally appropriate programs...

CRANApus will continue to lobby for long-term, culturally appropriate programs that empower communities while keeping people healthier. I doubt we, as a society, will be able to afford our healthcare system in the future if we continue to move all of our resources 'downstream', especially considering our streams are often infested with Saltwater Crocodiles!

During this year, I'm truly looking forward to seeing many of you around the country, perhaps at the ICN Conference, the NRHA Conference or, of course, the CRANApus Conference in Darwin.

Cheers.

Christopher Cliffe
President, CRANApus ●

a healthy financial position



As CRANApplus powers into the 2013 year, Chief Finance Officer (CFO) Steven Dangaard reflects on his first 12 months with the organisation.

Wow, what a fantastic first 12 months I have had since joining CRANApplus. Having worked with and consulted to a number

of organisations across a variety of industries during my career, I have never come across an organisation with such a dynamic and driven culture. This culture is truly the organisation's most valuable asset and is a testament to the many positive outcomes that have already been achieved.

...the greatest tangible accomplishment was the organisation's first ever purchase and opening of a new office.

There have been many challenges in taking on the role of the organisation's first Chief Finance Officer (CFO), and I feel that CRANApplus has greatly benefited from creating this new position. While CRANApplus has always maintained a healthy financial position, a considerable amount of work has been undertaken over the last year to improve the financial reporting aspects. This work has seen a significant advancement in the transparency and timeliness of financial information and has installed greater confidence across the organisation's board and managers. These improvements have now enabled CRANApplus to move forward on its executive decisions with a clear sense of financial understanding.

Reflecting on my relatively short period of time with the organisation, I have already witnessed first-hand many new and exciting developments aided from these financial improvements. Most notably the greatest tangible accomplishment was the organisation's first ever purchase and opening of a new office. The office in Cairns offers unprecedented potential, and is now established to accommodate both the finance and Bush Support Services (BSS) divisions as well as acting as a central hub to facilitate face-to-face meetings. Achievements like these would also not have been made possible without the continued support of the federal government and the hard work and dedication from all of the organisation's board and staff members.

As CRANApplus powers into the 2013 year it does so with great anticipation. The key focus now is to ensure we consult with the federal government to secure another three-year funding agreement. Part of this consultation will always be the emphasis on the vital role in which CRANApplus has to play in improving remote health.

Achievements like these would also not have been made possible without the continued support of the federal government and the hard work and dedication from all of the organisation's board and staff members.

With the anticipation that the proposed three-year funding agreement is accepted, there is no doubt in my mind that CRANApplus will continue to make great contributions to the remote health sector and go above and beyond what is expected from its stakeholders. ●



Photo: Donna Lamb.

marcia hakendorf, project officer



Marcia Hakendorf was born in the Riverland of South Australia and trained as a nurse in the mid-late '70s, and then returned to the Royal Adelaide Hospital in the '80s to continue her professional nursing career.

Over the past 28 years a substantial amount of that

time has been dedicated to rural South Australia working in various roles, such as:

- Nurse Educator, responsible for professional development programs for nurses and midwives across Country South Australia.
- Senior Nursing and Midwifery Workforce Development Project Officer – *grow your own* – country-wide nursing and midwifery initiatives such as, EN Cadetship program, VETs in schools – Nursing Pathway Program, Skills Enhancement Program for Midwives.

- In 2004/05 she undertook a joint appointment with the South Australian Government/ Department of Health and Ageing (Nursing & Midwifery Office) as a Research Officer/ Project Nurse for the Parliamentary Select Committee, this project was an 'Inquiry into Nurse Education and Training in South Australia'. The Report identified a number of recommendations to inform both the health industry and education sectors of the changes needed for student clinical placements, education and training.

Marcia worked as a Senior Nursing and Midwifery Policy Advisor in the SA Health's Nursing and Midwifery Office during the past 8-year period prior to joining CRANApplus.

She has extensive experience in dealing with state-wide projects, policy development, issues around Nursing & Midwifery Professional Practice, and the development of Nurse Practitioner Workforce. ►►

» During that time she saw a number of nursing and midwifery workforce initiatives and policy direction being implemented such as the SA Health Nurse Practitioner Review Report, supported the crafting of a Nurse Practitioner Toolkit for health services for the sustainable implementation of the role. As well as NPs having access to MBS and PBS to enable them to practise to their full scope of practice

Marcia gained a Project Officer position, 4 months ago, with CRANaPlus and is working on the National Standards and Credentialing Project supported by the Commonwealth Department of Health and Ageing, until the end of June 2013. This Project will facilitate CRANaPlus to embed a Remote National Standards Framework and Credentialing Pilot Program for Remote Area Nurses.

The aim of Remote National Standards Framework is to identify the challenges faced by remote health services in meeting the mandated Standards for Health Services focus on the NSQHS Standard #1 – Governance for Safety and Quality in Health Service Organisations.

The aim of Remote National Standards Framework is to identify the challenges faced by remote health services...

We aim to develop a useful tool for health services and their workforce to use. The Guide will identify what are the requirements needed within this Standard, for remote and isolated health services to provide safe, quality care for clients and the wider community.

The Credentialing Pilot program commenced late last year offering an opportunity for RAN/Ms to demonstrate they have the experience, knowledge and skills in meeting the requirements of the Professional Standards for RAN/Ms. The Credentialing Pilot Program will be evaluated in the next coming months and

the Report will form the basis for a sustainable Credentialing Program for RAN/Ms.

Marcia sees her role as exciting, challenging and new opportunity to learn about some of the challenges that RAN/Ms face in working in remote and isolated areas.

The Pilot program has a number of benefits for RAN/Ms, not only will they be able to call themselves a *Credentialed RAN/Ms* but there will be a validated set of Professional Standards for RAN/Ms. Furthermore, this process of RAN/Ms being credentialed adds-value as Credentialed RAN/Ms will be identified as a specialty area of practice within the nursing and midwifery professions.

Marcia sees her role as an exciting, challenging and new opportunity to learn about some of the challenges that RAN/Ms face in working in remote and isolated areas. She is very much looking forward to travelling to some of these remote places in the early part of this year as part of the Project's consultation process.

...she has become aware of the tenacity and resilience of Remote Area Nurses/Midwives and their connection to their clients, and the community.

Since taking up the position, she has become aware of the tenacity and resilience of Remote Area Nurses/Midwives and their connection to their clients, and the community. ●

all in the family



The Glasby siblings, Gawaine, Aysleen, Aidan and Kyra, and their partners are all nurses involved in work as diverse as each individual. They have each worked in either remote Australia or international health (or both). Lexi Keneally, who is engaged to Aidan, starts their story here.

Since a young child I had always imagined that life would involve adventure, a diversity of cultures, love, passion and freedom, and, for me, that journey truly began when I moved to Alice Springs to complete my nursing graduate year.

It was in Alice Springs that my passion for Indigenous health was realised; I discovered a new ambition to work in remote communities; and I found love in the desert. Little did I know

that my path would converge with another, bringing adventure to my life in a way I could never have imagined. Aidan Glasby also grew up in Adelaide: we actually attended the same university, completed the same degree in the same year, but we never met one another.

It was not until fate had us moving to Alice Springs to pursue our passions separately, that our paths finally crossed.

Aidan has lived a life full of adventure, discovery and exploration. He is fearless by nature, embraces challenges and loves keeping life real and rustic. He is the most charismatic person I know. Prior to nursing, Aidan was a shipwright (boat builder). He has sailed overseas, ridden motorbikes across Australia and flies planes wherever there is a landing strip. ►►



» His diverse life experience has given Aidan insight into other cultures and a deep interest in humanity. Aidan is incredibly passionate about supporting people who are marginalised. This passion has drawn him to working with communities in both Ethiopia and Australia.

Our worlds collided. Aidan and I have been engaged for six months and the adventures have not stopped since the day I met him.

Our worlds collided. Aidan and I have been engaged for six months and the adventures have not stopped since the day I met him.

Our nursing work has taken us from Alice Springs to Fitzroy Crossing to Ethiopia (pictures on previous page) and, most recently, Tjuntjuntjara Community in WA. Tjuntjuntjara is located approximately 700km northeast from Kalgoorlie. The community has a population of about 180 people. We initially completed a two-month contract, feeling a deep sense that was where we should be, and the contract eventuated into a year. »





►► It has been an amazing experience. At times, we found life living in a remote community could be challenging both personally and professionally. It is so vital that self-care is maintained and time is given to just go out and have fun!

People came out of their houses to wave to us as we took off into the setting sun.

On our days off, we would fly the Microlight (Powered Hang-glider – pictures above and on previous page). With the wind ripping through our hair, the stresses of the day seemed to disappear. People came out of their houses to wave to us as we took off into the setting sun. It was surreal landing on soft white salt lakes as the golden evening rays caught the red dust dancing in the sky.

Aidan, who always has more than one project on the go, is currently working on a documentary with two other mates (Daryle Clarke and Alexander Marinoff). They are flying two Microlights across Australia, from Adelaide to Broome.

It is a story about adventure and the diversity of humanity across remote Australia. As the team embark on the trip, they will be flying into towns and communities to meet people from a variety of cultures and backgrounds who have inspirational stories to share with the rest of Australia.

They are also using the trip to raise awareness and funds for the Royal Flying Doctor Service and Western Desert Dialysis, two outstanding organisations who continue to support people living in rural and remote communities.

Aidan is the second youngest of the four Glasby siblings. Gawaine, Aidan's older brother (pictured below with his wife Rachel), has now entered his 14th year as a nurse.

He met his wife Rachel, also a nurse, while both working at the Darwin Hospital Emergency Department. Together they have embarked upon many adventures while living and working in the Territory. It has afforded them some astounding clinical and life experiences, both in the urban setting and as remote area nurses. ►►



» Over the past few years, they have spent time working together as RANs in the Top End. They both feel as though they are living the dream – the experiences, lifestyle, friendships and privilege that comes from working out bush far outweighs anything they could have hoped for when considering nursing as a career choice.

For them both, the honour to be welcomed into the homes and hearts of these communities has been nothing short of incredible, and in a part of Australia that not too many people are fortunate enough to see.

That said, as the oldest of four nursing siblings, for Gawaine the honour of working alongside

his family and their partners is the privilege he is most proud of.

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Rachel and Gawaine are currently taking a break from the remote setting as they prepare to welcome their first child, but look forward to returning to remote nursing next year.



Left to right: Sunil, Kyra, Aidan, Aysleen and Gawaine.



Gawaine and Rachel's effective de-stressing recipe while living out bush:

The Milingimbi Mocktail

x2 glasses placed in the freezer
x2 green coconuts
x6 freshly picked limes
x2 sticks of lemon grass
a handful of freshly picked mint
raw sugar
crushed ice

Mix the milk of the green coconuts with the juice of the limes, throw in the mint and crushed ice. Remove iced glasses, turn upside down onto plate of raw sugar, then add above juice and stir with lemon grass stick and enjoy while waiting for freshly caught mud crab to come to the boil. If still feeling a little stressed, repeat above process and break out the emergency block of chocolate!

Aysleen is the second eldest and here she tells her own story:

My name is Aysleen, I am 33 in life years, and feel about 21 in youth years! I have been nursing since 2002 and the majority of those years have been outside the walls of a hospital. I have travelled with my nursing practice to wild and wonderful places in Australia and abroad to Africa (pictures above and over page).

I have travelled with my nursing practice to wild and wonderful places in Australia and abroad to Africa.

From the beginnings of my nursing dreams, I strongly believed in exploring the capacity of the nursing profession in remote and in low-resourced environments. I continue to strive towards marrying my work with my passion for life, for engaging with people from all walks of life, to share and grow in our differences and to strive towards building a more harmonious healthy world. »



►► Currently I find myself in a beautiful balance of worlds. I work for two companies. Medecins Sans Frontieres, a non-government organisation that works in a global context responding to medical emergencies. Through this, I have worked on an HIV project in Malawi and an emergency obstetrics surgical fistula project in the north of Nigeria.

This I balance by working for International Health and Medical Services (an affiliated branch of International SOS) who are the health provider contracted by the Australian immigration department to provide health within the detention services in Australia. I appreciate the continued exposure and challenge of working within different cultures, complex environments and autonomy of practice.

Stress is bound to surface its head within all professional career situations and it so happens that if you add in a little isolation, close quarters and long hours into the equation, stressors' little ugly heads will be bound to enter your mind.

Stress is bound to surface its head within all professional career situations and it so happens that if you add in a little isolation, close quarters and long hours into the equation, stressors' little ugly heads will be bound to enter your mind. I found several coping and managing mechanisms to assist in subduing these before they take control of your sanity.

Aysleen's tips on destressing

First and foremost, sit yourself down and have a little 'zoom of perspective time' as I refer to it. Reevaluate your self in the global picture. Refocus on the positive goals and outcomes of the situation, acknowledging the difficulties, yet reaffirming the positive. Doing so, I find it vital to add light-hearted flavours of fun splashes to the thought processes. No matter what the situation, this method is affordable, accessible and can be done in a supine position. Running, stretching or walking large circles also suffice this release.

The isolation is actually a blessing in disguise as it makes you confront the raw realities and yourself.

The isolation is actually a blessing in disguise as it makes you confront the raw realities and yourself. No tricks, no frills, just your good old self and a little quiet space to unravel the creases of the mind. The outcomes of traveling through such stress is rewarding and life enriching.

Kyra, married to Sunil Marwaha, (pictures below and over page) is the Director of Barefoot Initiative, a Non-Government organisation assisting marginalised communities in Ethiopia through primary healthcare-focused projects.

Kyra is completing her Masters in Health and International Development, whilst raising her young family of three. She finds gardening and craft therapeutic and a way to find a balance in the chaos! ►►



►► Sunil, also completed his Bachelor of Nursing. He is currently employed with Survivors of Torture and Trauma Assistance and Rehabilitation Services (STARS) as a torture and trauma counsellor and running a therapeutic health clinic for refugees.

Sunil recognises the importance of self-care especially in the line of work he is involved in. He loves music, learning the ukulele, gardening and always keeps his sense of humour.



Aidan and I are truly blessed to be on the journey we are and surrounded by family who are passionate and supportive. We would like to leave you with this quote. It is precious to both Aidan and I. It continues to be a constant reminder of why we do what we do.

'The privilege of a lifetime is being who you are.'

Joseph Campbell

Thank you for taking the time to read our story!

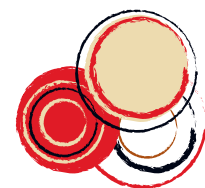
Gawaine Glasby
Married to Rachel Glasby

Aysleen Glasby

Aidan Glasby
Engaged to Lexi Keneally

Kyra Marwaha (nee Glasby)
Married to Sunil Marwaha

If you would like to know more
about the Microlight Project visit
microlightodyssey.com.au ●



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

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or contact Leesa Thomas, Events Coordinator on
T 08 6389 4538 E events@ruralhealthwest.com.au

Abstract Submissions close on Monday 8 April 2013



Visit www.ruralhealthwest.com.au/aboriginalhealth

'workplace bullying: we just want it to stop'

Those of us who have experienced workplace bullying in any way just want it to stop. The deeper question of course is how do we do this? There's no quick fix, says Sandra Dann, Director of the Working Women's Centre SA, but she does suggest a step in the right direction is to consider adapting and using the 'Statement of Commitment to Co-workers' (printed opposite).

For the targets of bullying and for managers and supervisors responding to complaints, through to advocacy groups and government agencies and Ministers, the sentiment captured in this title of a recent House of Representatives Report into workplace bullying says it all.

Workplace bullying is attracting renewed attention for a range of reasons including:

- the recommendations of the House of Representatives report;
- changes across Australia to workplace health and safety laws and new codes of practice;
- media reports;
- the prosecution of individuals in the Brodie Panlock case in Victoria and similar matters; and
- increased reports of workplace bullying to unions, advocacy groups and government agencies.

There is now no shortage of material explaining what workplace bullying is, and how it impacts on individuals, their families and their workplaces as well as the financial cost of bullying. There is also no shortage of material investigating the motivations of those who bully at work and whether workplaces can afford to keep a bully on its books. There is commentary too on why some people feel bullied while others don't, all of which is interesting and variously useful.

The impact on certain industry sectors has also been documented with unacceptably high reports of workplace bullying in the Health and Community sectors. What is it about the 'caring professions' that seems to provide a rich and fertile environment for turning on colleagues or employees? It seems darkly ironic that in the sector where we are expected to care most, we appear to care less about creating safe and healthy environments in which to do our work. What does it mean to be asked to put our hearts and souls into our work, only to find we have exposed our deepest vulnerabilities to the actions of workplace bullies?

Sadly, there is no magic wand or quick fix to workplace bullying.

Undoubtedly the story of an under-resourced sector with high demands from client groups helps to feed an environment where workplace bullying can take an easy hold – bullying can be employed as an expedient strategy where time, money and emotional resources are stretched.

Sadly, there is no magic wand or quick fix to workplace bullying. Strategies to prevent and address bullying need to be well thought through, planned and re-planned, properly supported and resourced and have the engagement of all parties in a workplace. Commitment from organisational leaders to foster workplaces that are free of bullying is also a must. We need to make time in our workplaces to talk about workplace bullying and how we respond to complaints. We need to ensure that natural justice principles and confidentiality prevail and that policies and procedures are not just words on paper, but are working and workable guides for everyone. ▶▶

Statement of Commitment to Co-workers

As your co-worker with a shared goal of providing excellent service to people I commit to the following:

- I will accept responsibility for establishing and maintaining healthy interpersonal relationships with you and every member of our staff.
- I will talk to you promptly if I am having a problem with you. The only time I will discuss it with another person is when I need advice or help in deciding how to communicate with you appropriately.
- I will establish and maintain a relationship of functional trust with you and every member of our staff.
- My relationships with each of you will be equally respectful, regardless of job titles or levels of education.
- I will not engage in the '3Bs' – bickering, back-biting and bitching and ask you not to as well.
- I will not complain to you about another team member and ask you not to as well. If I hear you doing so I will ask you to talk to that person.
- I will accept you as you are today, forgiving past problems and ask you to do the same with me.
- I will be committed to finding solutions to problems rather than complaining about them or blaming someone, and ask you to do the same.
- I will affirm your contribution to quality service.
- I will remember that neither of us is perfect and that human errors are opportunities not for shame and guilt but for forgiveness and growth.

Adapted from Marie Manthey, President of Creative Nursing Management in Caroline Flint's Midwifery Teams and Caseloads, 1993

sandra dann

Sandra is the Director of the Working Women's Centre, a position she has held since 1998. The Centre provides information, support, training and advocacy to women who are not union members but who have workplace issues.



Sandra is co-Chair of the South Australian Women's Services Network and represents the Centre on a number of committees. Sandra is President of HETA Incorporated, Immediate Past President of the Industrial Relations Society of South Australia and Chair of the Voice of Women (Australia) Organisation. Sandra is also an adviser to the Board of the AusAid funded Working Women's Centre in Timor-Leste and has been working with women in Timor through Apheda Union Aid Abroad for some years.

Sandra regularly conducts information sessions and training as well as overseeing a range of projects and research. She has presented widely to conferences and seminars.

In 2005 Sandra completed the Governor's Leadership Foundation Program and is now a fellow of the Leadership Institute of South Australia. ●

Working Women's Centres exist in South Australia, Queensland and the Northern Territory. They assist and advocate for non-union women experiencing a range of workplace issues including workplace bullying.

It is a particular challenge in isolated areas to be safe at work. I hope this resource goes some way in helping you to meet that challenge.

A photograph showing a close-up of a flowering shrub with numerous small, white and yellow blossoms. The plant has green, needle-like leaves. In the background, a large, reddish-brown rock formation is visible against a clear blue sky. The overall scene is bright and sunny.

We can offer and engage in all the training we wish – there is certainly a place for awareness-raising and training on this issue – but until we explore our own intentions and reflect on our own behaviours around the issue, we won't have done the important first step on our journey to bullying free workplaces.

Let's face it, many of you work a long way away from legislative and regulatory bodies, support and advocacy groups and mainstream services. It is a particular challenge in isolated areas to be safe at work. I hope this resource goes some way in helping you to meet that challenge. ●



Health Workforce
Queensland



Queensland
Government
Queensland Health

The JRHCW is in its 9th year and in 2013 this event will be held in Emerald, Central Queensland. It promises to be a fantastic weekend filled with academic and social activities designed to showcase rural health and get students learning more about the local community.

This four-day rural trip is hosted by the four Rural Health Clubs in Queensland. 60 multi-disciplinary enthusiastic members will attend this event to gain experience in the clinical, social and cultural aspects of practising health in a rural setting.

Bushfire Bond University
Hope for Health Griffith University
Rhino James Cook University
trohpig University of Queensland

- Multi-disciplinary and mixed year levels
- Academic program and workshops
- Social program
- Access to trade sponsors

If you would like more information about the weekend, please contact Hayley Rees Training and Events Coordinator Health Workforce Queensland P (07) 3105 7800 F (07) 3105 7801 E hrees@healthworkforce.com.au

spotlight on outback nursing

Annabelle Brayley's respect and admiration for people nursing in rural and remote locations has soared in the eight months it took her to gather the stories that make up *Bush Nurses*, published on 20 March by Penguin Books.

"I have loved every bit of this project," says Annabelle Brayley, commissioned by Penguin to collect and edit stories of nursing in Australia's rural and remote regions over the past 100 years or so.

"It was a lot of fun."

"There are about 80 stories in *Bush Nurses*, reflecting a slice of the social history of nursing in those far flung locations."

"Some of the stories are funny, some are sad, some are hair-raising: and they all talk about nursing as it is and as it was."

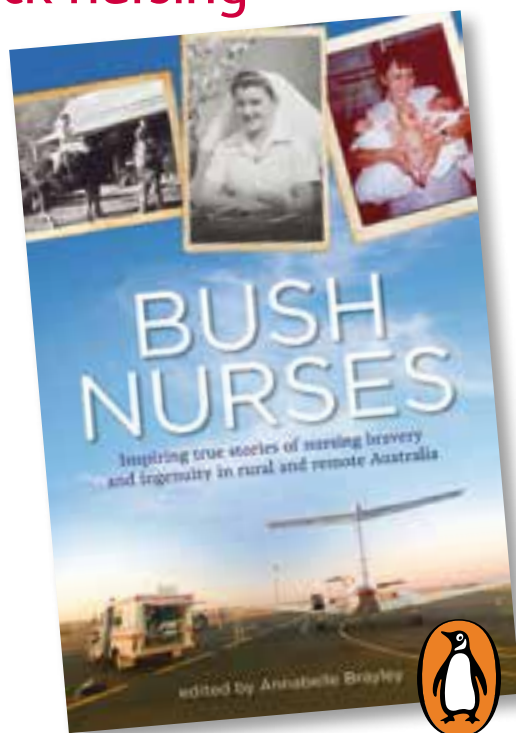
Annabelle, who has worked as a nurse and lives in rural western Queensland, says compiling the book has reinforced what she always knew: nurses in rural and remote areas are underrated.

"Those nurses do a most incredible job," says Annabelle. "Often they are the only source of medical help in the community."

"Even when there is a hospital, there will be a nurse involved in the early minutes of an emergency who will have an impact on the final outcome."

As the publicity for the books states: "you'll be amazed at the courage and resourcefulness of these nurses who have been the backbone of medical practice in remote Australia for more than a hundred years."

The stories involve, not only nurses, but medical staff, St John Ambulance officers and health workers involved in the broad definition of nursing.



Some stories came from descendants, such as the daughter of Alice Watson who provided stories of her mother doing her rounds in the Victorian High country on horseback.

Many stories came from Frontier Services (formerly known as the Australian Inland Mission, founded by the Rev. John Flynn 100 years ago) which will benefit from the royalties from sales of the book.

"I collected stories from many people, interviewed people, and edited stories submitted to me," says Annabelle.

"I also spoke to some fantastic people at the CRANApplus Conference in Cairns and I'd like to thank CRANApplus for all of the leads and the assistance I received while I was researching for this book."

***Bush Nurses* goes on sale in all good bookstores this month. RRP \$29.99 ●**

why advertise with CRANApplus?

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

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

CRANApplus offers several advertising options at very competitive rates:

1. The CRANApplus 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 16000 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 CRANApplus 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 3500 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 advertising rates, artwork specification and contact details overleaf.

What our advertisers are saying:

"Ever since we became a Corporate Member of CRANApplus, we have been using their 'employment' section to promote the positions we have available for our Customers in remote Australia. The quality of applications we receive is great and it assists us in finding the right person for the job."

QNA Healthcare Services



"We were very impressed with the reach of CRANApplus advertising. Response to our advert was overwhelming and we will not hesitate to advertise with you again."

Scott Davis, Senior Director, Greater Northern Australia Regional Training Network (GNARTN)



» Kimberley Population Health Unit has enjoyed not only the professional support to our nursing, Aboriginal Health workers and Allied Health teams from within CRANaplus but the added benefits of corporate membership that delivers a high profile within remote health service providers.

The CRANaplus Conference is a unique event that provides us with the capacity to showcase our small but vibrant service to a large cross section of the current and potential remote workforce, the ability of the weekly flyer to disseminate our advertising to such a targeted

group of professionals has been an extremely valuable tool for recruitment. We appreciate all levels of support and are particularly proud to be associated with a unique organisation that provides the strongest voice of advocacy for improvement of health service delivery in remote Australia.

Monica Frain, Remote Clinic Coordinator, Kimberley Northern and Remote Country Health Service WA



Government of Western Australia
WA Country Health Service

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

		16,000 single-sided	16,000 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 and centre spread are 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. ●

CRANaplus 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.



Government of Western Australia
WA Country Health Service

Department of Health Northern and Remote Country Health Service Kimberley Population Health Unit

– working together for a healthier country WA.



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



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).



Nursing & Allied Health Rural Locum Scheme

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



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



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



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



REMOTE AREA HEALTH CORPS

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



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



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.



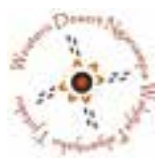
The **Rural Health Education Foundation** is an independent, non-profit organisation dedicated to delivering free, tailored, accessible health education to healthcare teams in remote and rural Australia and their communities.



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**.



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.

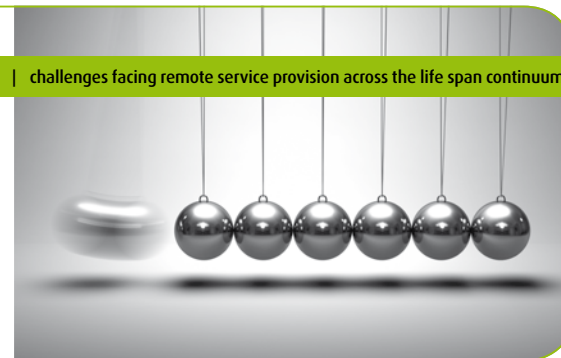


Photo: Barry Skipsey

from the cradle to the grave

| challenges facing remote service provision across the life span continuum

CRANA^{plus} 2013
conference 31
double tree by hilton, esplanade | darwin
wednesday 25 – saturday 28 september



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

call for abstracts

the challenges facing remote service provision across the life span continuum

abstracts are sought:

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

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

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

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

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

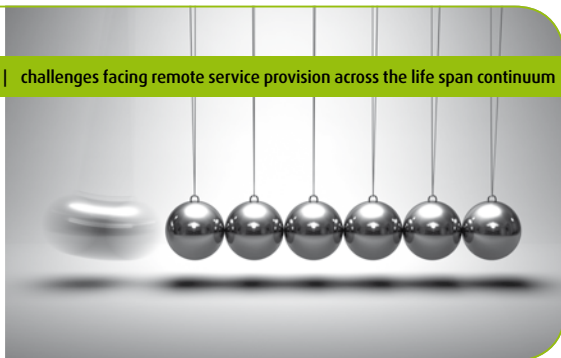
An Encouragement Award will be offered to the best first-time presentation given during the Conference. Presentations are 20-minute duration inclusive of questions.

closing date for abstracts: 1 April 2013

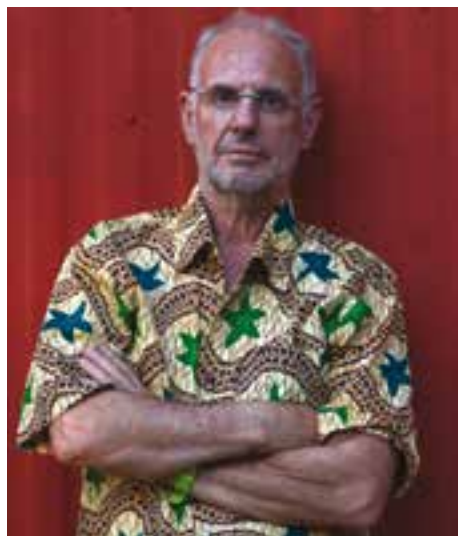
full details are available on our website: www.crana.org.au

call for abstracts

CRANAplus
2013
conference
double tree by hilton, esplanade | darwin
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. ●



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. ●



Photo: Stephanie Jeremy

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. ●



Photo: Steve Batten.



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. ●

encouraging remote health professionals of the future

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

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

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

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

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

However, from some of the great stories we have heard and published in this magazine, there are many ways of engaging students in the health service and the community that has a very positive impact for all involved.

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

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

Eligibility for our Scholarships includes CRANApus membership and membership of a Rural Health Club www.nrhsn.org.au

At the completion of their placement, students are required to write a short report which is published in this magazine, and many of you would have read them over the last few years.

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

Are you inspired?

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

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

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

The CRANApus Undergraduate Student Remote Placement Scholarships for 2013 are open and forms can be downloaded at www.crana.org.au

scholarship report

Fourth-year Pharmacy student Ben Crough reflects here on his four-week practicum in the Kimberley, an experience made possible through a CRANAp^{us} scholarship.

Flying back to Tamworth, I had a chance to reflect on my whole experience of the Kimberley: the staff and people I met; the pharmacies, hospitals, clinics and communities I visited; and the programs and services I worked in.

During my time in the Kimberley, I estimate I travelled over 2000km, taking in Broome, Derby, Fitzroy Crossing, Wangkatjungka, Halls Creek, Warmun, Kununurra, Wyndum, Kalumburu and other surrounding areas. With a climate that was so polar opposite to what I'm use to in Armidale and Tamworth, it wasn't unusual to be working in 40-45°C degree temperatures. Rainfall was minimal, but when it did rain, it poured, and with a lightning show to match.

The scenery was also a highlight: boab trees as fat as cars and vast landscapes that had me pinching myself to remind me of where I was.

The scenery was also a highlight: boab trees as fat as cars and vast landscapes that had me pinching myself to remind me of where I was. With the frequent run-ins and stand-offs with the local station cattle, we ventured over both sealed and rough terrain, taking in areas of the Kimberley that I've only seen on post cards or heard about. The Grotto, Lake Argyle, Tunnel Creek and Wyngarna Gorge were some of the breathtaking sites.



In all this, I actually did some learning! Working with Kimberley Pharmacy Services based in Broome I participated in providing a number of professional services covering a huge tract of land.

Webster packing, medicine chests and box patients were the pharmacies main clientele with regular customers coming to the private pharmacy in the afternoon. The fast-paced pharmacy was so busy that the business was only open to the public 1pm till 5pm each day. It was also a great delight to the staff that they were moving shops to allow for a bigger expansion of these services to more people and communities.

The S100 program that's readily used all over the Kimberley was my first real taste of this vital and lifesaving program. Only hearing of it by chance at a conference in Melbourne it was



there I met my preceptor Hannah Mann who offered me a placement to see this in reality. The majority of my peers have only heard of the Close the Gap program and its effort to improve the life expectancy of Aboriginal and Torres Strait Islander people, but very few have seen it in action.

My interaction with patients in the hospitals and clinics was important for my learning. I also saw the positive impact this program is having on increasing health outcomes and recognised the continuing need for resources to enable the program to continue in remote areas.

Hearing about some of the shortfalls for the pharmacies to service the S100 program it would be vital to increase the financial assistance to such pharmacies so all Australians have access to medications.

The majority of my peers have only heard of the Close the Gap program and its effort to improve the life expectancy of Aboriginal and Torres Strait Islander people, but very few have seen it in action.

My work in the clinics also taught me about stock management, medicine reconciliation, patient counselling, patient compliance audits and familiarisation to e-health records (not PCHR) but a university-based system MMEx and Communicare. ►►

►► I also took part in a lot of medication packing and preparation for clinic delivery.

Meeting with the local Kimberley folk in hospitals, clinics and communities was a great delight. People were very welcoming and eager to know where I was from and what I was doing. They also shared a few hints on good fishing and sightseeing spots.

Whilst in Kalumburu, I picked up a traditional painting from one of the galleries and also spoke with a local elder in Warmun who was flying to Melbourne to present her art in a gallery down south. It was great to hear the traditional stories that the art represented and what it meant to the people to have these stories shared and passed on to the next generation of both Aboriginal and non-Aboriginal people.

Overall this experience in the Kimberley, including the programs, the communication style and learning, has made me realise that there is still a long way to go for universities to have these areas fully covered.

Along my travels, I also met a number of other health workers including RANs, ER/ward nurses, doctors, specialists, other students and allied health staff. I learnt from these health workers about what is respectful and acceptable in communities: that communication and the way things operate in rural and remote areas isn't always what the universities teach you.

It wasn't uncommon for me to hear of stories like the dietician who sat under a tree in the community having a yarn about good food and lifestyle choices to those that wanted to come along and listen, rather than have appointments and seeing individuals.



Overall this experience in the Kimberley, including the programs, the communication style and learning, has made me realise that there is still a long way to go for universities to have these areas fully covered.

It will be my recommendation in my advocacy that more students, **especially allied health students**, get these experiences and have these things taught. I was lucky to have this experience, thanks to CRANap^{lus}, but not all my peers will and this is something we definitely need to change. ●

passion for nursing



Kim Izod, a 3rd year Medical/Surgical nurse, says spending six weeks at Gove District Hospital in Nhulunbuy at the northern tip of Arnhem Land has fed her drive to work in remote Australia in the future.

As I boarded the flight at the beginning of November for my six-week placement at Gove District Hospital, my mind was spinning with preconceived thoughts about what I would encounter. I was full of apprehension about my lack of knowledge and skill and petrified that I was soon going to be found out as the huge fraud I felt I was.

Shortly after I arrived, I was picked up from my accommodation in the staff quarters at

the hospital by Trudy, the most amazing clinical nurse educator I have ever met. She took me on a tour of the town and down to the shops to get some supplies and lent me a pushbike to get around while I was there.

As I boarded the flight... my mind was spinning thoughts about what I would encounter.

Throughout my six weeks at Gove District Hospital, Trudy went above and beyond her job title to ensure I was not only achieving my academic goals but that I was fitting in to the work environment. ►►



►► On Day one, I was given a thorough tour of the hospital and Ward 1, where I was to work for the next six weeks. Ward 1 is a general ward catering for both paediatrics and adults: from pre and post op care, renal failure, and cardiac events to respite. The broad range of patients on the ward gave me the opportunity to gain experience in a good many areas, which would not have been possible in a more specialised ward.

The nursing staff on the ward are all phenomenal: their knowledge base is broad but thorough and every one of them made me feel like part of the team from the start. The medical staff too was extremely approachable and always willing to help me and involve me in the patients' care. At times, I would sit back at the end of the day and remember in awe the way everyone worked together like a well-oiled multi-disciplinary team. For the next six weeks, I was supported by several wonderful nurses who really made me feel that they were interested in

my learning and encouraged and supported me throughout the placement. The teamwork I witnessed in the nursing team was perhaps the most efficient I have experienced on a ward.

The nursing staff on the ward are all phenomenal: their knowledge base is broad but thorough and every one of them made me feel like part of the team from the start.

On my final day, I was so extremely fortunate to wrap up my six weeks in Nhulunbuy with a day spent with Careflight. Flying with the nurse and pilot in that tiny little plane strengthened my awe and amazement at the work that they do.

Nhulunbuy is quite a social little town and I was kept busy after work. On Monday nights I learnt how to play Ultimate Frisbee at the high school oval followed by the always amazing Monday night steak night at the BBQ area in the staff quarters. Open mic night on Wednesday nights saw a handful of hospital crew head down to The Arnhem Club to cheer on a couple of Med students as they played away on borrowed guitars. My free time was also filled with fishing and camping, amazing sunsets and bonfire feasts on the beach. Of course, being in Nhulunbuy I was in a prime position for viewing the solar eclipse and woke early on the morning of the 14th of November and headed down to Town Beach to take some wonderful photographs of the event.

Spending six weeks amongst such amazing health workers who are still passionate about the work that they do, truly invigorated my passion for nursing. And the work/life balance that can be achieved in a remote hospital has fed my drive to work in remote Australia in the future. Thank you CRANAplus for your support to have this experience! ●



sister mary jane gives it a go



Sister Mary Jane and friends – Gibb River Station – Community Clinic Nurse for 10 years, 18+ years in the Kimberley.

When Sister Mary Jane Lynch returned to Melbourne after a six-week stint as a relief nurse in Balgo in the Great Sandy Desert, she told the Sisters at the convent that, if a permanent position in the Outback came up, she'd "be keen to give it a go". That was more than 20 years ago. Here Sister Mary Jane explains why she's still out Bush.

Speaking from the Gibb River cattle station, about 380km east along the Gibb River Road from Derby, Sister Mary Jane gives an insight into her role for the past 11 years at the single nurse post in the remote Aboriginal community.

Her clinic, along with a little Catholic school and a little shop, serve the station, where between 30 and 60 people live.

Sister Mary Jane is also responsible for a community of about 30 at Dodnun, about 50 minutes away, where she goes twice a week.

In addition, she is also called upon to attend road accidents, particularly during the tourist season between about April and October.

A doctor visits the Gibb River Community once a month and Sister Mary Jane also liaises with the Derby Aboriginal Health Services, the organisation she is employed by, and the Royal Flying Doctor Service (RFDS).

"I guess the main issue is isolation," says Sister Mary Jane, "getting supplies, getting people to their appointments..."

Sister Mary Jane is used to isolation. It all began in 1991.

Her clinic, along with a little Catholic school and a little shop, serve the station, where between 30 and 60 people live.

"I had just made my final vows and completed my degree and was told they needed a nurse for relief for six weeks at Balgo, and could I help out," Sister Mary Jane said.

"I thought I'd do my best."

But nothing had prepared Sister Mary Jane for the experience.

"It was sink or swim. I'd done my degree in Community Health, but there were so many things to learn. I learnt as I went," she says.

"I always wanted to do something in a missionary way, and didn't know what that would be," she says.

"At Balgo, I felt something happen to me. There is something deeply spiritual about the place."

Sister Mary Jane returned to Melbourne, but it wasn't long before she was back in Balgo where she worked for five years. She moved to Ringers Soak near Halls Creek, where she stayed for a further three and a half years, before moving to the Gibb River station in 2001.

"Not everyone can do it, but I am in a position to be able to stay, and I do the best I can to provide stability and continuity of care."

Sister Mary Jane had entered the convent after completing her general training to become a Registered Nurse, and then trained as a midwife and completed a degree in Community Health.

"Religious life frees you up to do missionary work," says Sister Mary Jane. "In my work, it is very, very difficult at times and I think the whole faith aspect strengthens me day-to-day.

"People who go to work remote often don't stay for long.

"Not everyone can do it, but I am in a position to be able to stay, and I do the best I can to provide stability and continuity of care." ●



Photo: Alison Fort.

remote path to success for lisa

Remote nurses and their relationship with medical officers, Indigenous Health and emergency nursing are the three major passions of CRANAp^{plus} member Lisa Waters. And Lisa is marrying all three in her successful career path, which now sees her studying medicine after nine years nursing.

The 'remote' bug bit for RAN Lisa Waters when she took on a short contract at Warburton in WA four years ago.

"I was an emergency nurse and very passionate about that. But I fell in love with remote and I've been doing it ever since," she says.

When Lisa finishes her current medical studies in a couple of years, she intends to return as a doctor to a remote location.

And if that's not enough, Lisa, who has a long association with CRANAp^{plus}, has also been a facilitator on CRANAp^{plus} REC courses; she is a recipient of a John Flynn Scholarship; she holds the role of Senior Indigenous Portfolio Representative with the National Rural Health Student Network (NRHSN), and has recently joined the AMA NT Board as its student rep.

"As a child, I wanted to be a flying doctor, but I chose nursing, as I love the patient contact," Lisa said.

When Lisa finishes her current medical studies in a couple of years, she intends to return as a doctor to a remote location.

"However, after going remote, I realised I wanted more knowledge and wanted to do more, and I decided the best way was to do medicine. I want to effect more change."



To maintain her skills set as an emergency nurse, Lisa participated in a CRANAp^{plus} REC course. "I liked the format and thought I could give something back, so I offered to be a facilitator," she said.

Securing one of 300 John Flynn scholarships in a field of 1000, Lisa will spend two weeks each year of her medical training in the APY lands being mentored by local doctors, which she sees as an important boost to her studies.

Lisa is a 2nd Year Medical Student in the Northern Territory Medical Program at Flinders University, which has a strong focus on Indigenous health and encouraging Indigenous students to complete medicine.

And her involvement with the NRHSN and the AMA NT Board are pathways that allows Lisa to be closely involved in issues affecting Indigenous Health. ●



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May 24 - 25 → Adelaide Convention Centre

The RDWA is hosting its conference with an expanded program. For the first time we will be delivering a stream of events specifically for students who are training to be rural doctors, nurses, midwives and allied health providers.

This two day event will also provide the opportunity for students to mix and mingle with our resident workforce who will be attending clinical and upskilling sessions.

To be eligible to register for the conference, students must be attending a South Australian university and be a member of that University's Rural Club.

If you have any questions please contact
Helen O'Malley on 08 8234 8277 or
helen.o'malley@ruraldoc.com.au

**Registrations open in March 2013
and can be made at**
ruraldoc.com.au/rdwa-conference



silk sisters in cambodia

A chance meeting with a young university student during a backpacking holiday in Cambodia has brought challenge and enrichment to the lives of CRANApus member Marcel Campbell and her husband Barry. Here is Marcel's story.

The most dangerous day in the life of a Cambodian woman is the day she gives birth, says remote area nurse Marcel Campbell. Without money for medical assistance to deal with complications, and attended by minimally trained "midwives" working in extremely basic conditions, giving birth is called "crossing the river" because the women never know if they are going to reach the other side. Cambodia has one of the highest incidents of maternal and child death in Asia.

Marcel has taken on the challenge to raise the necessary funds and build a much-needed birthing unit onto the Prey Vihear Clinic in Prey Vihear Province, where there is no doctor and little expertise. Aussie midwives have been practising as consultants to traditional trained midwives in this village and Marcel is full of praise for their work and the fact that their knowledge stays behind when they leave.

...giving birth is called "crossing the river" because the women never know if they are going to reach the other side.

She has set a deadline of one year to build the unit, as construction must be in the dry season between February and April.

This birthing unit follows the Campbell's first completed challenge to buy land to build a school in Po Village, Sambour Commune, Takeo Province, a small, impoverished rice farming area with a population of 1,600 people.

Their efforts are all a result of that chance meeting with the young Cambodian student, Treng Sokha, in 2007.

"We were so impressed with his compassion for his country and desire for it to go forward, and his personal desire to educate himself and be part of the change," Marcel says.

The primary aim of the charity was to secure land to build a school for the children of Po village, where Treng comes from.

Marcel and husband Barry decided to establish a charitable organisation, Children With Hope for Development Inc (CHD).

The primary aim of the charity was to secure land to build a school for the children of Po village, where Treng comes from. ►►



Land for the new school.



Left to right: Nom Mithona, Teacher; Treng Sokha, Director; Marcel Campbell RAN and Daniel Campbell.



Current school.



Monk Kiry teching in the current school.

►► That land has now been purchased and the new school is becoming a reality.

The current school is constructed of woven thatch, with no walls and an earthen floor which turns into a yellow slurry during the Wet.

"Currently there are 360 children registered and 240 children attend one of the three daily sessions," says Marcel. "We have 30 children who attend High School and return to the thatch school each afternoon for a further hour of English education."

Marcel and Barry are now ready to commence their next Cambodian project – *Supporting Silk Sisters*.

The aim of this new project is to build a birthing room for women who are currently forced to birth in an outdoor corridor.

Weaving silk is one of the few handicrafts in Cambodia that women can do to make some money, says Marcel.

"This project aims to support our silk sisters.

"With \$US5000, we can tack a room onto the clinic in the village. With \$US8000 we could add a shower and a toilet.

With \$US5000, we can tack a room onto the clinic in the village. With \$US8000 we could add a shower and a toilet.

"It's not a huge amount of money for us, but it's a different story for these communities. Approximately 85 per cent of the population in Cambodia is involved in subsistence agriculture and struggle to live on a \$US1 a day."

Cambodia's history is one of civil war, genocide and political disruption, Marcel says. Poverty in Cambodia is characterised by low income, poor nutritional status, low educational achievement, little access to health care and exclusion from the political process. Post traumatic stress is intergenerational, endemic and cripples national mental health.

"Managing the land project has taken patience and resilience!" says Marcel. "And doing business in Cambodia as a female barang (foreigner) has been an experience like no other!

"Now we have a new challenge.

"We would ideally love people to donate \$10 a month for 12 months, but of course, all donations will be most welcome.

"The first 25 donors will receive a silk scarf."

You can contact Marcel by email on marcelcampbell@bigpond.com

southern inland health initiative

Silver Chain Group (WA), in collaboration with WA Country Health, has been given the opportunity to participate in Health Reform, thanks to the Western Australian State Government's Royalties for Regions Program.

"The Western Australian State Government has made a significant investment to improve healthcare and bolster services in regional areas of WA, including the Southern Inland Health Initiative," explains Carole Bain, General Manager, Country Services.

"This is an exciting opportunity for us. We've introduced the role of the nurse practitioner to help strengthen services in the Southern Inland Health Initiative districts of Katanning, Merredin, Northam and Narrogin to best meet the primary health care needs of these regional communities. Our nurse practitioners will play a valuable role as part of an integrated, multi-disciplinary health district team."

The role of a nurse practitioner is focused on working together with doctors and other health care providers to ensure people have access to quality health care.

Nurse practitioners are highly experienced registered nurses, who have undergone specialised education and clinical training in order to be legally credentialed with the Nurse and Midwives Board of Western Australia.

The role of a nurse practitioner is focused on working together with doctors and other health care providers to ensure people have access to quality health care. The work they do is helping address gaps in health services.



Silver Chain's Laura Black, based in Western Australia's Eastern Wheatbelt, was the first Primary Health Nurse Practitioner in country WA under the Royalties for Regions funded Southern Inland Health Initiative.

They are able to:

- Undertake referrals to other health care professionals.
- Order diagnostic investigations and provide easier access to services including x-rays. For example, people requiring an x-ray will not have to see a doctor first or sit in an emergency department to receive an x-ray referral.
- Complete assessments, develop a plan of care and prescribe medications to improve the management of chronic illness.

Silver Chain looks forward to the continued development of the role nurse practitioners play, which is paving the way for integrated Primary Health services in regional Western Australia, and will be of great benefit to a number of communities. ●

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Locum support made easy

"NAHRLS is easy, professional and the locum provided was high quality so I would not have any hesitation in recommending NAHRLS to others."

Mark Leddy
Practice Manager, Camperdown Clinic VIC

Great Benefits and Support Defines the NAHRLS Difference

I'm Mark Leddy from Camperdown Clinic and as the Practice Manager I am responsible for ensuring that appropriate staffing levels are met to provide a service to our client base.

The Camperdown Clinic has been providing cradle to grave health care to a client base from the great ocean road through to Mount Elephant and Lismore. The Practice has been employing Registered Nurses in the role of Practice Nurses for approximately seven and a half years. We are also geared towards education of doctors and medical students and therefore recognise the need for professional development and maintenance of skills. The local hospital is manned by the General Practice doctors and has a highly proficient nursing staff caring for the inpatients.

Camperdown is located in the Corangamite Shire and is known as the lakes and craters region. The township has a steady population around 3,700 whilst the shire has a population of 18,000. We are two and a half hours west of Melbourne and one and a bit hours south of Ballarat. The Great Ocean road is a 30-40 min drive away.

Our community is primarily farming and small business with a small percentage of welfare based families. Patients are cradle to grave with an increasing percentage of elderly patients.

Prior to utilising NAHRLS it was always a human resource issue having to utilise other staff to adjust their lifestyle to cover the Practice Nurse position when training was undertaken.

I heard about NAHRLS purely by chance; however, I was glad that the initial conversation took place.

The assistance, guidance and professionalism were at the highest level. The whole evolution was undertaken with clear advice and, surprisingly, minimal paperwork. The high

quality of candidates put forward allowed management to select the most appropriate for the locum cover position. If I had been recruiting for a full time Practice Nurse all three of the candidates would have been on my interview short list.

The great benefits of NAHRLS are no fees and charges. Our only financial commitment was to pay an hourly rate commensurate with the staff member being covered. NAHRLS covered costs associated with transport, accommodation and meals

I phoned NAHRLS as a staff member was attending a Pap Smear update but the course was being conducted 5 hours' drive away. The requirement to ensure that our staff member was not placed at risk by driving up or returning on the same day meant that we could have them take an extra day to meet the travel needs and undertake the whole day update refreshed and focused. In this case without the ability to utilise NAHRLS the staff member's accreditation may have lapsed as we could not cover her absence.

The ability to allow health providers a staffing resource through NAHRLS certainly encourages Managers to support the endeavours of their staff in maintaining currency and competency.

The Locum conducted themselves in a professional manner and performed all tasks required in an appropriate manner. Communication between admin and health providers was clear and concise. Medical notes were also well written.

I am quite sure that the locum, although only here for a short time, did enjoy the experience.

NAHRLS is easy, professional and the locum provided was high quality so I would not have any hesitation in recommending NAHRLS to others and using them again in the near future.

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educate

education focus on paediatrics

Paediatrics is the focus of two new courses to be added to the extensive CRANApplus education program. Online program coordinator Julia Stewart outlines what participants can expect.

CRANApplus will soon be offering two new courses, both focusing on emergency situations affecting infants and children in remote and rural areas.

These courses follow requests from participants of the REC/MEC courses for a specific paediatric course to update their skills and knowledge, and already a number of people have registered their interest in attending.

The two-day Advanced Paediatric Life Support (APLS) course will be piloted in April and, following evaluation, the plan is to schedule a number of the two day APLS and one-day Paediatric Life Support (PLS) courses during the year. So watch the education section on the CRANApplus website for dates!

The courses, developed in conjunction with a national educational focus group, will be run similarly to the successful Advanced Life Support (ALS) programs already on offer from CRANApplus.

The two-day APLS course is an advanced level course to challenge and provide a structured approach to paediatric emergency management while the one-day PLS course focuses on the fundamentals of emergency paediatric management of children in remote and rural areas.

CRANApplus will soon be offering two new courses, both focusing on emergency situations affecting infants and children in remote and rural areas.

As with all CRANApplus courses, they will be endorsed by CRANApplus and by the Royal College of Nursing, and attract Continuing Nurse Education (CNE) points. As we progress towards RTO status this year we anticipate both of these courses will also be mapped against accredited units of competencies.



The interactive and practical courses cover aspects of emergency management of children in a remote and rural context, including lectures and various skill stations.

Some of the skill stations include:

- Paediatric Assessment
- LMAs, Intubation and Needle Cricothyroidotomy
- Sick Child and Multitrauma Clinical Scenario
- IV/IO Practical and Needle Decompression
- Paediatric Life Support with Neonatal Resuscitation

The face-to-face component will be complemented by additional online modules that provide a comprehensive, flexible and self-paced online learning environment.

The online component for the 2-day course includes the following modules:

1. Why are Children Different to Adults
2. Paediatric Assessment. A Structured Approach including Triage and Pain Management
3. Basic and Advanced Life Support including Airway
4. Seriously Ill Child, including respiratory conditions.
5. Seriously Injured Child, including spinal and abdominal injuries and burns
6. Paediatric Medical Emergencies, including the issues of fluids and electrolytes and transport.
7. Management of Neonatal Resuscitation

The one day PLS course will include the first three modules of the online component as part of the program.

For further information please contact us on: julia@crana.org.au or phone: 0407 658 209



preventive health: have you heard about the *national guide*?

The National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people ('National Guide') was a joint initiative of the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Royal Australian College of General Practitioners. This preventive health resource is evidence based and a vital resource for health professionals seeing Aboriginal and Torres Strait Islander clients.

What is the National Guide?

The National Guide is a user-friendly guide to best practice in preventive healthcare for Aboriginal and Torres Strait Islander people.

Who is it for?

All health professionals delivery primary healthcare to Aboriginal and Torres Strait Islander people.

Why use it?

Appropriate use of the National Guide can help to 'close the gap' in healthcare outcomes between Indigenous and non-Indigenous people.

It is important that health professionals use the relevant screening and preventive healthcare recommendations from the National Guide below:

- Lifestyle
- Child health
- The health of young people
- Dental health
- Rheumatic heart disease
- Eye health
- Hearing loss
- Sexual health and bloodborne viruses
- Antenatal care
- Mental health

- Respiratory health
- Cardiovascular disease prevention
- Chronic kidney disease prevention and management
- Type 2 diabetes prevention and early detection
- Prevention and early detection of cancer
- Preventive health for the elderly

The second edition of the National Guide now supersedes the 2005 National Guide. It includes six additional topics and provides updated evidence and recommendations for each of these topics.

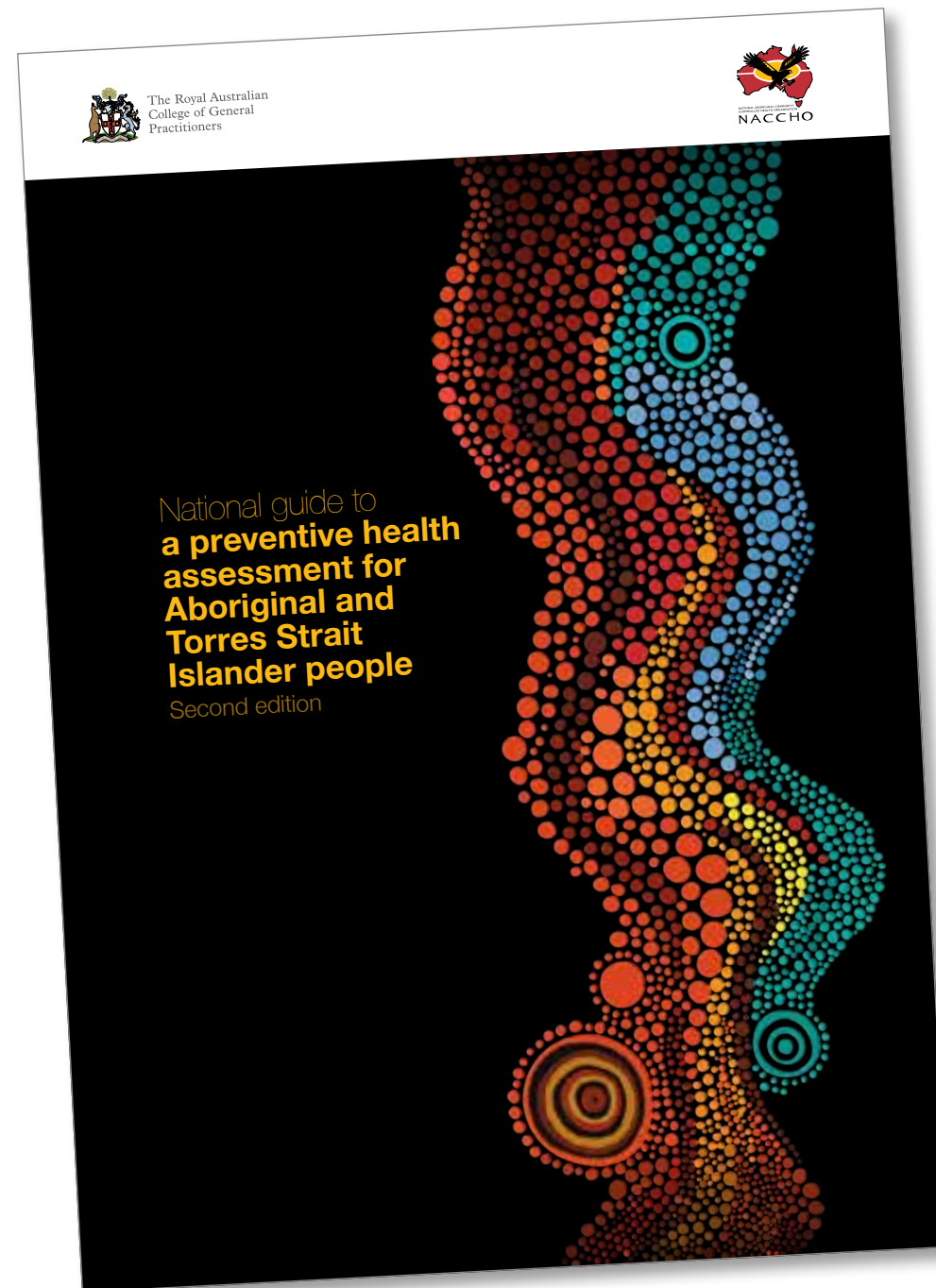
It comprises:

- The National Guide, which contains evidence statements, recommendations, risk calculation tables and an outline of the development of the guide
- The evidence base: the collection of evidence underpinning the guide and recommendations
- A child and adult lifecycle wall chart listing activities recommended at each age group

Appropriate use of the National Guide can help to 'close the gap' in healthcare outcomes between Indigenous and non-Indigenous people.

The National Guide is available on the NACCHO and the RACGP websites at www.naccho.org.au and www.racgp.org.au/yourracgp/faculties/aboriginal/guides/national-guide

For more information contact 1800 000 251 or aboriginalhealth@racgp.org.au ●



FLEC courses for 2013

Location	Dates	REC	ALS/PLS	MEC	MIDUS	AREC	ATSI
Strahan, TAS	1-3 Feb	●					
Mildura, VIC	1-3 Feb			●			
Broken Hill, NSW	15-17 Feb					●	
Alice Springs, NT (MEC)	20-22 Feb						●
Alice Springs, NT	23 Feb		●				
Melbourne, VIC (RAHC) ○	22-24 Feb			●			
Warakuna, WA ○	26-28 Feb	●					
Darwin, NT ■	1-3 Mar				●		
Katherine, NT (REC)	12-14 Mar						●
Darwin, NT	15-17 Mar	●					
Alice Springs, NT ■	22-24 Mar	●					
Ceduna, SA	5-7 Apr	●					
Perth, WA – RFDS Jandakot WA ○	5-7 Apr						
Perth, WA – RFDS Jandakot WA ○ (Paediatric ALS)	8-9 Apr		●				
Darwin, NT (MEC) (Female)	8-10 Apr						●
Darwin, NT (MEC) (Male)	11-12 Apr						●
Port Augusta, SA (REC)	9-11 Apr						●
Alice Springs, NT (Sat-Mon) ■	13-15 Apr			●		●	
Mt Isa, QLD	19-21 Apr	●					
Mt Isa, QLD	22 Apr		●				
Mt Gambier, SA ■	19-21 Apr				●		
Newman, WA	3-5 May			●			
Alice Springs, NT	3-5 May					●	
Geraldton, WA	17-19 May				●		
Layhnpuy Homelands, NT (REC) ○	21-23 May						●
Layhnpuy Homelands, NT ○	23 May		●				
Darwin, NT	31 May-2 Jun		●				
Cairns, QLD	31 May-2 Jun	●					
Cairns, QLD (REC)	4-6 Jun						●
Alice Springs, NT	7-9 Jun			●			
Darwin, NT (Thurs-Sat) ■	13-15 Jun	●					
Alice Springs, NT ■	14-16 Jun				●		
Port Hedland, WA	14-16 Jun					●	

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

CRAN*plus* course

REC (Remote Emergency Care)

MEC (Maternity Emergency Care)

AREC (Advanced Remote Emergency Care)

MIDUS (Midwifery Up Skilling)

ALS (Advanced Life Support)

Endorsed or accredited by

Endorsed by RCNA (Royal College of Nursing Australia)

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


Endorsed by RCNA, accredited by ACRRM

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

Endorsed by RCNA, accredited by ACRRM



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.

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not for the faint-hearted

The CRANApplus Maternity Emergency Care (MEC) education team faced multiple logistical challenges as they prepared to run a course at Warakurna in WA: the most remote location reached by road in the history of CRANApplus courses to date. MEC Course Co-ordinator Michelle Bodington tells the story.

The MEC education team took up the challenge to take our course to the bush when Ngaanyatjarra (NG) Health successfully applied through the Rural Health Continuing Education Stream for funding.

We found ourselves planning to head out to Warakurna, of Giles weatherstation fame, on the Ngaanyatjarra lands, nearly 800 km South West of Alice Springs and just over the WA border.

The road trip from Alice Springs involves driving straight down the Stuart Highway, right onto Lasseter Highway and then down The Great Central Road past Kaltukatjara (Docker River) to Warakurna, with an overnight stop midway at Curtin Springs Station.

The chosen date in November was itself a challenge. For those who have been out in Central Australia, you will know first hand that this can be a very hot time of the year and early rains can affect the dirt roads.

We could have wimped out and said we could only come out in winter months, but it shows that we are not faint hearted. Besides, it was the only time mutually available and we took the challenge head on.

There was no shortage of facilitators volunteering for this course and, once again, we were amazed at the level of commitment offered by our facilitators to enable us to actually take our course to the real "bush".

I had the difficult task of selecting the team and those who joined me were Caitlin Steiner, Geri Malone and Sheryl Alexander.

There was no shortage of facilitators volunteering for this course and, once again, we were amazed at the level of commitment...

Finally, after many emails, phone calls and a teleconference amongst the facilitators, departure day arrived and we all met at the

CRANApplus headquarters in Alice Springs where Lenny and Robert (CRANApplus staff members) worked with us in the 43°C sweltering sun doing our final checks on our vehicles.

With travel permits organised and emergency and communication devices checked, we finally departed Alice Springs with two vehicles, four excited facilitators, 300 kg of course equipment, far too much food, loads of water and a great sense of adventure!!

The drive was amazing. After Curtin Springs, it was a brief stop for a photo of Uluru before passing the majestic Kata Tjuta and onto the dirt road (The Great Central Road).

The scenery was awesome through the Petermann Ranges, with the intensity of the desert colours: red dirt, brilliant blue sky and the unique colours of the foliage. ►►





►► We had 18 course participants, a diverse group with a good gender and age mix, many who had not been working on the NG lands for a long period, and a number of Kiwis among the Aussie participants. Well done to all the neighbouring communities on the NG Lands, who had organised relief to enable their staff to attend.

Two RANs stood up at the end of the course to make a speech to thank all the facilitators and say to everyone how valuable they had found the course. One of the RANs, Bruce, had said in his opening response to “why are you here?” that he was attending under false pretences because he thought that MEC stood for Medical Emergency Care and that if he had known it was Maternity Emergency Care he would not have come!

He, and his wife who works with him, had been on holidays and did not receive their manuals before attending the course.

Bruce said he could not believe how much of a 360 degree turn around he had done during the

course, and now, if they had a birth at their clinic he would be pushing everyone out of the way (including his wife) to help with the birth. He said he could not wait to have a baby born on the NG Lands called Bruce – named after him.

Bruce thanked the facilitators saying that they were all excellent teachers and, thanks to them, he was able to learn and take on board all the new information. He also stated that he enjoyed the variation of teaching styles and methods.

Well done to all the neighbouring communities on the NG Lands, who had organised relief to enable their staff to attend.

I think this enthusiasm and passion was evident in the group as they all agreed with Bruce as he spoke, and they also made other positive independent comments to facilitators over the weekend. ►►



►► Some other comments from participants:

*It was fantastic you came out to the lands.
It is very difficult to get off and coordinate with
the existing course.*

*It takes 2 long days to get out of here
(Warakurna), the 4 days not at a course, away
from the clinic (not always fun), very happy I
could be home near work and travel minimal.*

*Never been here before, it's lovely, great that
we don't have to travel far to get this education.*

*This was the best course I have ever been on
(aged 60–69 years of age). I learned so much
in a non-threatening environment. There was
so much to learn, but it was all presented in
a thorough, logical manner, enabling optimal
learning. It was an advantage to have the
course close to home; I was not away from
my clinic for an extended period.*

*It was fantastic, and wonderful you brought this
out to the Bush to upskill all the present RANs.*

*The MEC course was great. It provided a lot of
knowledge and skills in a short space of time.
The tutors were knowledgeable and had a great
presentation style – engaging, informative. It was
useful having the MEC tutors come to us as it saved
us work time – not so far for us to travel – it was
also really useful for team building and learning
together which doesn't happen very often. ●*



gift of a torso

Dr Helen Bradley, Senior Lecturer in the School of Nursing and Midwifery at Unisa City East Campus wants to thank CRANApplus for presenting the Flinders Overseas Health Group (FOHG) with a torso. Here she explains why she is so happy with this unusual gift.



In Australia, a woman has one chance in every 7,000 births of dying. In Flores, a remote island in Eastern Indonesia, a woman's chances of dying in childbirth are higher than one in 77.

One important way to avoid many of these deaths is to improve the knowledge and understanding of local midwives: although very skilled at normal birthing techniques, they lack professional development in basic emergency obstetric and neonatal care (BEONC).

The Flinders Overseas Health Group (FOHG) has been providing a very successful skills transfer program in the eastern Indonesian region of Nusa Tenggara Timur (NTT) for some time.

The midwives who participate repeatedly provide anecdotes of 'saving a life' where they know the woman or the baby would have died (as previously) without their new skills.

Through word of mouth, the program is highly sought after and the FOHG team is booked with requests to provide the program in different areas of Indonesia for the next few years.



FOHG's philosophy of is one of education for sustainable health. Our Maternal & Neonatal Health (MNH) program is a 4-week 'train the trainer' program run over a year, and it requires basic equipment to be left in the area for the trainers to continue 'on teaching'.

Through word of mouth, the program is highly sought after...

When the team began planning the program for the district of Nagakeo, an impoverished area of Flores, we did not know how we were going to teach the skills to prevent post partum hemorrhage (PPH) without a torso.

We had exhausted our handoffs of older used models from various schools of nursing. Finding out the cost of a basic model, and having meagre funds, we knew we were in trouble. A stuffed pillow with an improvised vagina was looking to be the go! Then we were told CRANApplus had a damaged torso we could probably purchase. CRANApplus was more than generous as they donated the model to FOHG. We could not believe their kindness. Just 24 hours before we were to fly out, this was 'god sent'. Unbelievable! We cannot thank the staff at CRANApplus enough. ●

mentoring program – an overview

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

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

Giving health workers a positive first-time rural or remote experience and encouraging people to stay on, is behind the CRANApus Rural and Remote Mentoring Program.

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

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

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



CRANApus mentoring program: the elements contributing to successful implementation.



Photo: Karen Clarke.

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

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

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

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

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

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

For more information and to become involved as either a mentor or a mentee contact:
julia@crana.org.au ●

some healthy inspiration from the world of social media

By Melissa Sweet

The rapidly evolving, dynamic world of social media offers many opportunities for health professionals working in remote areas, and for their patients and communities.

While most people have some personal experience of channels like Facebook, if you haven't dipped your professional toes into the social media waters, it can be quite daunting.

It can help to learn from those who have found their footing, and below are some inspiring examples of health-related uses of social media.

1. The Healing Foundation on YouTube

If you search YouTube for The Healing Foundation, you will find a powerful three-minute clip that gives a clear, engaging explanation for the impact of colonisation upon the health of Aboriginal and Torres Strait Islander people (screen grabs below).



YouTube offers virtually unlimited opportunities; where once only the rich and powerful could have their own TV channels, now anyone can.

YouTube can be used to convey health promotion and education messages, and information about services – whether for patients, staff or for recruitment purposes.

This clip from The Healing Foundation is an example of how YouTube clips can make quite complex messages accessible.

YouTube can be used to convey health promotion and education messages, and information about services – whether for patients, staff or for recruitment purposes.

If you search on YouTube for “knowledge exchange” and “Lowitja Institute”, you will find another terrific example of this.

2. @IndigenousX

The @IndigenousX Twitter account has a different Aboriginal or Torres Strait Islander person tweeting each week.

The number of people following @IndigenousX has been increasing quickly (almost 10,000 at present), thanks to the efforts of the account's indefatigable founder, Luke Pearson (in his other life an education consultant with a background in primary teaching), and his fellow tweeters.

The account is an example of how the Internet enables grassroots advocacy and the coming together of communities of interest. @IndigenousX has enabled people to share

views on topics ranging from Australia Day to the lived experience of racism.

Rotating a Twitter account like this enables greater engagement and diversity of voices, and also shows how Twitter can be used to build bridges, whether across geography, interests, backgrounds or communities.

Employers and organisations that haven't yet grasped the potential of social media as a positive force for health need to get with the times.

Rotated Twitter accounts could be established to highlight under-served areas and issues in health: for example @remotearahealth could rotate each week between CRANApus members, and might help bring the wider community into discussions about remote health issues.

Over the last few years, Twitter has become my most important source of news and conversations about public health, the social determinants of health, equity and related interests.

In my Twitter feed, I recently found this comment from Dr Tim Senior, a GP working in Aboriginal health: “Got to love Twitter. Discussion last night on article about rural workforce joined by author of study quoted.”

It's those sort of unexpected connections that can make engaging with social media so enriching, as well as helping to break down silos between disciplines and services.

Employers and organisations that haven't yet grasped the potential of social media as a positive force for health need to get with the times.

Whether they like it or not, change is coming – given that the Internet tends to facilitate community-driven change and to ignore traditional hierarchies. ●

melissa sweet

Melissa Sweet is a freelance health journalist, media columnist, author, blogger and enthusiastic Tweeter (@Croakeyblog).

She specialises in covering public health matters, with a particular focus on under-served areas and issues, including rural and remote health, Indigenous health, and the social determinants of health. She coordinates Crikey's health blog Croakey (which is funded by a consortium of public health groups in an arrangement organised by the PHAA), and writes for a wide range of specialist and general publications, including Inside Story and the BMJ.

She is the author or co-author of several books, including Inside Madness, The Big Fat Conspiracy, Ten Questions You Must Ask your Doctor, and Smart Health Choices.


As secretary of the Public Interest Journalism Foundation (based at Swinburne University in Melbourne), Melissa is involved in supporting innovation in public interest journalism. She has an honorary appointment in the Sydney School of Public Health at the University of Sydney, and is involved in a number of research projects around media and health. ●





advocate

putting remote health on the agenda



In this election year, we are very mindful of maximising opportunities to put remote health on the political agenda or at least on the radar.

Whilst we are fortunate to have a good relationship with those involved in the current Government's Health portfolio, in terms of being familiar with our programs, we need to ensure that we are equally relevant to other political parties. Hence we have scheduled meetings in Canberra in March to take the opportunity to meet with a variety of politicians to promote remote health and raise relevant issues.

Meanwhile many of our core activities of 2012 roll over and continue on.

HWA Research proposal

The project with Health Workforce Australia (HWA) to gain some meaningful data around remote models of service delivery has made significant progress. The processes have

been developed and endorsed, including the methodology and Ethics approval has been obtained. We are waiting for confirmation about where we will be conducting the pilot.

HPPP

Health Workforce Australia (HWA) has now commenced the final phase of the Health Professionals Prescribing Pathway (HPPP) Project.

You may recall we reported on our input to the first round of consultations on this significant body of work, which is looking at the prescribing pathway for non-medical professionals.

The purpose of this consultation is to seek views on the final structure of the HPPP, including design and robustness of the steps, principles, tools, prescribing models and roles in the HPPP.

Feedback on implementation requirements will also be sought to assist in the development of an implementation plan for the HPPP.

National Standards and Credentialing project

This exciting initiative has been possible through the receipt of some additional funds from DoHA which enabled us to engage a project officer to progress the Credentialing project and have a look at Standards for remote Practice



Credentialing has been a challenge both for those volunteers who engaged in the pilot and for us in endeavouring to get it right. Whilst we predicted there would be some teething issues, unfortunately some of our applicants found the process too time consuming and difficult to achieve. This in itself is telling of the nature of remote practice – the time poor environment and access to resources and information.

...we have scheduled meetings in Canberra in March to take the opportunity to meet with a variety of politicians to promote remote health and raise relevant issues.

However we are plugging on as the evaluation of the Pilot will tell us many things and we are doggedly persisting to ensure that we have a rigorous process to position Remote Area Nurses alongside their peers/colleagues in other designated Nursing speciality areas.

The Standards project has been another worthwhile and enlightening project. ►►

» It is not that we are developing new standards but rather it is an endeavour to ensure that the National Standard for Health Services that became mandatory as of 2013, is meaningful to the remote context.

In both projects we have been able to access a high level of support to guide us, through the Advisory groups that have been established.

Sub-committees

There has been a lack of activity over the break which we hope to ramp up. We are engaged

with the National Rural Student Health Network (NRSNH) and with their Executive and hope to promote our Mentoring program through the students as well as their Alumni.

Responses to the call for mentors has been slow but improving and we are hopeful of having some great Mentoring "relationships" to trial the pilot mentoring program.

Geri Malone
National Coordinator of Professional Services
CRANaplus ●



soapbox: march 2013

"As a registered nurse working in aged care I find the lack of understanding by the general community on Palliative Medicine and the difference between palliative care and euthanasia amazing. It seems the culture of death is slowly being accepted by our health bureaucrats as a way to save money... I sat down last night in the tea room and noticed a magazine called "CRANaplus the voice of remote health". A conference coming up in Darwin at the Esplanade Hotel 25-28 September has as keynote speaker Dr Phillip Nitschke... I am deeply dismayed at your organisation supporting this Doctor and the culture of death. I will be sending a copy of this email to the Federal Health Minister asking to reconsider funding for your organisation as I object to my taxes going towards supporting this person and what he stands for."
From AC (non member)

"Dear AC, thank you for your letter and expressed concerns. CRANaplus represents its members, and the annual Conference is an opportunity for remote and isolated health professionals with varied backgrounds, beliefs and cultures to discuss contemporary issues of concern for them. CRANaplus does not have a position on euthanasia or assisted suicide, but is keen to provide a variety of voices and viewpoints to add to a comprehensive and informative debate. As such you may also note that among our other speakers at the Darwin Conference is Dr Yvonne Luxford who is the CEO of Palliative Care Australia and Karen Glaetzer who was the first nurse in Australia to be endorsed as a Nurse Practitioner in the specialty of Palliative Care."

Christopher Cliffe
President, CRANaplus



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. ●

health groups call for urgent action to address health risks from coal and coal seam gas

A new collaborative network of health organisations has agreed to joint action to raise awareness of the adverse health effects of Australia's current minerals and energy policy at a meeting in Canberra this week.

Hosted by five national health organisations, the Public Health Association of Australia (PHAA), Climate and Health Alliance (CAHA), National Rural Health Alliance (NRHA), Climate Change Health Research Network (NCCARF-ARN), Australian Healthcare and Hospitals Association (AHHA), the Health and Energy Roundtable was attended by energy experts, community activists and health professionals, including doctors, physicians, nurses, physiotherapists and GPs, from dozen of organisations around the country.

A statement from the groups at the meeting, including the lead groups and joined by Cancer Council Australia, Heart Foundation, Australian Research Alliance for Children and Youth (ARACY), National Toxics Network (NTN), Australian Physiotherapy Association (APA), and New South Wales Nurses and Midwives Association (NSWNMA), signalled an intention to work together collaboratively to highlight the adverse health impacts and environmental damages associated with current minerals energy policy, particularly those relating to coal and coal seam gas.

"The risks to human health from energy and resources policy are not being well accounted for in current policy decisions," the joint statement said.

"Significant policy reform is needed to ensure health and wellbeing is not compromised by policy decisions in other sectors. Recognising the importance of the social and environmental determinants of health is an important part of that.

"The overriding concern is that climate change is being driven by energy choices and minerals policies that privilege and prioritise the extraction and combustion of fossil fuels over safer, healthier, lower emissions, renewable energy resources.

"The local health impacts from coal mining, transportation and combustion are also a significant concern, and communities living in proximity to these activities are experiencing adverse social impacts, such as loss of amenity, displacement, and loss of social capital as well as facing increased risks of respiratory disease, heart disease, and lung cancer.

"The rapid expansion of the fossil fuel (coal and unconventional gas) industries in Australia demands these issues be urgently addressed.

There were also serious concerns raised about the availability of data and support for health research on the issue.

"A lack of monitoring and inadequate investment in research means there is grossly insufficient data available in Australia on health impacts to inform policy decisions. Research from international sources suggests major cause for concern in terms of exposure to pollution of water and air – these impacts need to be evaluated here in Australia.

"The risks to human health from energy and resources policy are not being well accounted for in current policy decisions..."

"The health impacts of minerals and energy policy must be an area of research priority that is given significant levels of independent funding, and there needs to be greatly increased surveillance and monitoring to ensure sufficient data collection on which to base this research."

The meeting identified a need for education for health professionals and the community more broadly around the health implications of energy policy choices, and encouraged health professionals across all disciplines to advocate for minerals, energy and climate policies on the basis of health.

The groups have committed to work together and develop a framework for joint advocacy...

"Health professionals have an important role to play in educating decision makers and the community about the health implications of energy choices and the health implications of climate change."

The joint statement calls for precautionary approaches to policy and for the inter-generational consequences of decisions made now to be considered.

"The local and global effect of fossil fuel use on health and wellbeing is an immediate problem as well as an issue of inter-generational equity, with the exploitation of these resources causing irreversible harm to Earth's systems, compromising the health and security of future generations."

The groups have committed to work together and develop a framework for joint advocacy and announced plans for a campaign featuring health professionals calling for an urgent transition to safe, clean, renewable energy supply systems that do not contribute to global warming or harm human health and wellbeing.

The groups also announced an intention to develop a joint position statement on the health effects of Australia's minerals and energy policies to inform public discussion about balancing the benefits and harms of our mineral and energy choices, specifically issues such as unconventional gas, coal exports and renewable energy.

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



an inspiring 2013 set for student network

In 2013 the National Rural Health Students' Network has welcomed its new student Executive team (Katherine Humphreys, Daniel Faux and Jillian Ferrell) along with its five portfolio teams (Nursing and Midwifery, Allied Health, Medical, Indigenous Health and Community and Advocacy) which have seen some bright new representatives join the great existing teams.

CRANaplus is a strongly valued stakeholder of the NRHSN and each year we participate in the CRANaplus Student and New Graduate Subcommittee. The NRHSN will be represented in 2013 on this committee by Carol Mudford, (nursing student at Charles Sturt University, Albury and MARHS Rural Health Club member) from Nursing and Midwifery Portfolio and myself, Ben Crough (pharmacy student at the University of New England and NERCHA Rural Health Club member) from Allied Health Portfolio. Both Carol and I look forward to sharing our ideas and experiences of university and placements with CRANaplus to help inform their activities.

... student experiences of placements vary so much, there was a need to offer a student perspective to the placement providers to try and lift to a consistently high standard.

The NRHSN Council has officially voted in our Optimising Rural Placements (ORP) Guidelines. The genesis of this document came about because student experiences of placements vary so much, there was a need to offer a student perspective to the placement providers to try and lift to a consistently high standard.



Rural High School Visit to Alice Springs School of the Air.

Students are very seriously interested in good placements so it is a very important thing for the student Network. We are now looking to pass this document on to our stakeholders including CRANaplus for endorsement.

Currently Portfolios are working closely together with the Executive on their goals for 2013 and look forward to meeting in Melbourne for the NRHSN Council Face to Face meeting in early March which will also include a Stakeholder Engagement session, which CRANaplus has been invited to attend.

The goals of the Portfolios and Executive will include, as always, supporting Clubs to increase member numbers of all disciplines and students of Aboriginal and Torres Strait Islander descent.

Opportunities such as the CRANaplus MEC and REC courses, mental health first aid courses and cultural awareness are just some of the great enticements for becoming a Rural Health Club member as they give health students the opportunity to add to their rural and remote health toolkit.

Currently, the Network is abuzz with busy students working hard behind the scenes organising events for the coming year including orientation week activities, multidisciplinary skills nights, Indigenous festivals, Rural High School Visits plus much more.

...the Network is abuzz with busy students working hard behind the scenes organising events for the coming year including orientation week activities, multidisciplinary skills nights, Indigenous festivals, Rural High School Visits plus much more.

These kinds of activities engage students in positive experiences in rural locations or provide the first rural experience for some. ►►



NRHSN 2013 Executive Team – Jillian Ferrell, NRHSN Secretary, 4th year medical student at the University of Queensland and TROHPIQ Rural Health Club member, Dan Faux, 4th year medical student at Griffith University and HOPE4HEALTH Rural Health Club member and Katherine Humphreys, 4th year physiotherapy student and WAALHIIBE Rural Health Club member.



Sydney University medical student and MIRAGE rural health club member Kate Goulding was on placement at Wilcannia Hospital last year. Kate is pictured with Marcus, one of the students she presented to at Wilcannia Central School during a high school visit organised by Broken Hill UDRH and the NRHSN. Kate described her placement in Wilcannia as her best time in medicine so far. The NRHSN is keen to advocate for quality placements like this for health students of all disciplines.

►► This leaves students inspired and motivated to further improve the health outcomes of rural, remote and Indigenous Australians.

The National Rural Health Students' Network (NRHSN) brings together students who are passionate about improving health outcomes for rural and remote Australians. The Network has more than 9000 members who belong

to 29 Rural Health Clubs (RHCs) at universities throughout Australia. Members include students from across medical, nursing and allied health disciplines, including dentistry and pharmacy.

Ben Crough
Senior Allied Health Portfolio Representative
National Rural Health Students' Network
www.nrhsn.org.au ●

telehealth and you

Telehealth online video consultation is a consultation between a health consumer, a primary care provider, such as a Nurse, Nurse Practitioner, Midwife or Aboriginal Health Practitioner and a specialist healthcare provider through the use of audio and visual connection.

Although there are many software options and the number is growing, the most commonly used system is Skype although there are. To assist with decision making, there are a number of excellent health-focused websites to review when considering which option is best for your practice/health service/aged care facility.

Increasing access to specialist services for people in regional, rural and remote areas is the essential aim of the use of Telehealth in practice.

Increasing access to specialist services for people in regional, rural and remote areas is the essential aim of the use of Telehealth in practice. For the consumer and the specialist there are also savings on the expense and inconvenience of travel from regional, rural and remote areas to specialist appointments in the metropolitan areas.

Nurses and Midwives are essential in supporting and promoting the use of Telehealth in the provision of health care.

Telehealth resources

The Nursing and Midwifery Telehealth project team has developed a number of Telehealth resources that are available free on the APNA website under Telehealth Resources.

The fact sheets, case studies and posters can be downloaded and adapted to your workplace.

Telehealth fact sheets

- Telehealth Consultation Fact Sheet for Nurse Practitioner, Midwives, Aboriginal Health Practitioners
- Telehealth Consultation Fact Sheet for Persons receiving Care
- Medicare Eligibility Fact Sheet for Telehealth online video consultations
- MBS Telehealth Numbers Fact Sheet for Midwives, Nurses and Nurse Practitioners
- Telehealth Etiquette Fact Sheet
- Telehealth check list
- Telehealth sample patient survey
- MBS Cheat sheets: General Practice, Midwives and Nurse Practitioners
- Telehealth Promotional Poster – General
- Telehealth Promotional Poster – Maternity specific

Telehealth case studies

The Telehealth case studies are thought-provoking stories from regional, rural and remote areas of Australia. The case studies illustrate how Telehealth can be used for a variety of patients in a variety of health settings.

All of the seven case studies have been developed to demonstrate how health professionals can use Telehealth.. The focus of each case scenario is the benefits to the patients, the MBS item numbers who can claim for example Nurse, Nurse Partitioner, Midwife or General Practitioner.

- Maternity Case Study
- Post Surgical Follow-up Case Study
- Paediatric Medical Case Study
- Palliative Care Case Study
- Chronic Disease (Nurse Practitioner) Case Study
- Remote Area/Maternity Case Study
- Remote Area/Chronic Disease Case Study ►►



Is Telehealth for you?

With Telehealth you can:

- Have your specialist appointment on-line video from this practice
- Have the Practice Nurse, Nurse Midwife or GP sit with you during consultation
- There is no extra cost to you
- Save time and stress by not travelling

Our practice Telehealth contact is:



Is Telehealth for you?

With Telehealth you can:

- Have your specialist appointment using real-time on-line video from this practice
- Have the Midwife or GP sit with you during the specialist consultation
- There is no extra cost to you
- Save time and stress by not having to travel

Our practice Telehealth contact is:

» Telehealth posters

The Telehealth posters are a great resource to promote the availability of Telehealth consultations in your workplace. They highlight the benefits of Telehealth such as providing patients with greater access to Medicare eligible specialists, and saving travel time and costs.

- Telehealth Promotional Poster – General (left)
- Telehealth Promotional Poster – Maternity specific (below)

Telehealth online learning

The four-hour Telehealth online learning package is due to be released in the first months of 2013. The package consists of nine modules that will be released in stages over the coming months. Each of the consortia partners will host the education package on their websites. Each module is a free-standing unit and certificates will be issued at the end of each module. A final certificate of completion at the end of module nine will be used to credit your CPD hours.

In developing the online learning package the Telehealth project team was keen to make it as stimulating and interactive as possible to successfully engage learners.

In developing the online learning package the Telehealth project team was keen to make it as stimulating and interactive as possible to successfully engage learners.

Knowledge and skills in Telehealth are developed in the nine online modules using animations, instructional videos, video interviews, quizzes and questionnaires in an appealing and easy to follow format. It is an online learning tool designed for the learner to work through in their own time, for their own particular work situation, rather than with a focus on a final assessment.

The content of the interactive learning package begins with an introduction to Telehealth, the benefits of Telehealth and who is eligible to claim rebates and incentives.

Later modules cover suitability for Telehealth and choosing appropriate software and hardware. There is a focus on practical applications, for example there are sections dedicated to troubleshooting offering both technical and practical solutions.

Module six covers professional accountability, privacy and security for nurses, midwives and patients based on the nursing and midwifery standards and guidelines.

The learning package also contains many fantastic resources that can be adapted for your particular workplace and printed. These include checklists, letter templates and other promotional material.

The Nursing and Midwifery Consortia partners hosting the Telehealth online education:

Australian Practice Nurses Association:
www.apna.asn.au

Australian College of Midwives:
www.midwives.org.au

Australian College of Nurse Practitioners:
www.acnp.org.au

Council of Remote and Rural Nurses:
www.crana.org.au

Australian Nursing Federation:
www.anf.org.au

Telehealth promotion/workshops

Members of the Telehealth project team are available to attend events in your area. If you are running an event contact us and we can present information on how Telehealth can be incorporated into your workplace that benefits not only your practice but improves patient access to specialist health care providers.

Collaboration with other funded bodies

The government has funded 28 Telehealth projects with various organisations across Australia. The Nursing and Midwifery consortia project team have worked with many of the other funded bodies to deliver education and support around Telehealth. In particular we collaborate with and co-present at Medicare Local Telehealth education events.

For further details contact the Telehealth Project Team: email: telehealth@apna.asn.au or phone (03) 9669 7450



Nursing & Midwifery
Telehealth Consortia

telehealth case study: childhood eczema

Community care, happy patients and cost savings

A major challenge for families with children experiencing chronic health problems that require ongoing specialist monitoring and management is just getting to the specialist appointments.

For Joan and Peter Hargaves the monthly journey of 865 km from Blackwater to Brisbane with 2 year old Jodie was becoming financially, emotionally and physically crippling.

Each appointment with the specialist entailed Joan and Jodie undertaking a ten hour bus trip to Brisbane, a usually sleepless overnight stay in a Brisbane hostel and long waits at the hospital outpatients next day. Following the appointment they usually caught the overnight bus back to Blackwater.

They arrived home tired and grumpy and Joan was already in dread of the next scheduled appointment with the specialist in Brisbane.

This all changed however when Joan read a flier about Telehealth in the outpatients area at Brisbane Hospital. During the consultation Joan asked the specialist if he used 'Telehealth' and was surprised when he said simply 'Tuesday is my Telehealth day' and the next appointment with the specialist was arranged using Telehealth.

Joan and Peter could not believe how easy it was to attend the specialist appointment using Telehealth. Joan and Peter attended the local GP clinic where the Practice Nurse explained how the consultations were conducted. Initially the GP attended the appointment along with the Practice Nurse who stayed for the entire consultation to assist with dressings, information and development of a care plan for Jodie.

Telehealth enables a community-based team approach to care, improves patient access to care and saves time and money (see table below). ●

Tertiary hospital visit	Expenses	Amounts \$
Travel by bus from Blackwater to Rockhampton then on to Brisbane (distance 875 km)	Return bus fare Blackwater to Brisbane for one adult and one child under 3 (15 hours, 10 mins total travel time)	\$642
Or travel by bus from Blackwater to Rockhampton then fly to Brisbane (distance 875 km)	Bus fare from Blackwater to Rockhampton return	\$100
	Return flight from Rockhampton to Brisbane	\$260
	Before and after school care for the seven-year-old child	\$80
	Food expenses/meals x 4 and coffee/snacks	\$100
	Accommodation: 1 night	\$120
Total		\$942 (bus) or \$600 (fly)

telehealth online video consultation:

Supporting continuity of care and collaboration for rural and remote women network

Telehealth online video consultation is a consultation between a health consumer, a primary care provider (e.g. midwife or general practitioner) and a specialist healthcare provider (e.g. obstetrician) through simultaneous real-time use of audio and visual connection. The most commonly used system is Skype. Midwives and consumers, particularly those in rural and remote areas, are embracing this form of consultation and collaboration.

Makayla McIntosh describes her experience using Telehealth online video (TOV) consultation as "fantastic". Makayla lives in Toowoomba and developed some potential health issues in the second trimester of her pregnancy. Her midwife discussed a consultative referral with an obstetrician on the Sunshine Coast, which is two and a half hours away.

In remote, rural and regional areas of Australia, TOV consultation addresses the issue of access to specialist care for women, their families and their midwives. This was certainly true for Makayla. An appointment with the obstetrician on the Sunshine Coast would mean the day off work for herself and possibly her husband, a long drive and child care for her 2 and 6 year old children. Additional costs could also be overnight accommodation if the appointment was either early or late in the day. To avoid the disruption and expense, Makayla's midwife suggested that they could use TOV consultation.

Telehealth online video consultations are supported by specific Telehealth MBS item numbers including onboard incentive payments, Telehealth service incentive payments and bulk billing incentive payments for Eligible Midwives and Nurse Practitioners working with clients in regional, rural and remote areas of Australia.

Once the obstetrician had accepted the referral Makayla said "the process of arranging and conducting the appointment was extremely well organised." At the midwife appointment prior to the consultation the midwife explained how the TOV consultations were conducted. She showed Makayla the camera and where she would sit, and discussed the introductory process including who would be present during the consultation.

When asked if Makayla found the consultation a little impersonal she replied that "it was more personal than her experience of antenatal visits at the hospital. One of the most beneficial aspects of preparation was that I was given a comprehensive profile of the obstetrician regarding how she practises and her background before the consultation, so at the consultation I felt like I knew her and she knew me." It was also explained that relevant information was sent to the obstetrician regarding Makayla and her pregnancy prior to the TOV consultation.

In remote, rural and regional areas of Australia, TOV consultation addresses the issue of access to specialist care for women, their families and their midwives.

Makayla said that the TOV consultation gave her increased confidence in making decisions. This was because the discussion highlighted the different perspectives of the midwife and the obstetrician. This provided Makayla with valuable information and insight into her health issue. The primary carer, in this case the midwife, is able to be included in the consultation, raise questions and, if needed, advocate for her client.▶▶

» Telehealth online video consultations have also improved services for pregnant women in other areas of Australia. In Bundaberg, Telehealth services were introduced in 2007 and are now well established as part of routine antenatal care. A Telehealth diabetes clinic now runs one full day and two half days a week and obstetric medicine runs a one day clinic which deals mainly with cardiac disease in pregnancy.

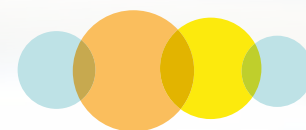
Alison Barry, a midwife in Bundaberg Hospital, says that “without Telehealth the geographical distances for some women mean accessing these services is expensive and time consuming.” One of the unexpected outcomes Alison spoke about “is that women diagnosed with either diabetes or a cardiac condition are presenting earlier for care in subsequent pregnancies”, which means that specialist care can be initiated earlier.

The Nursing and Midwifery Consortia, led by the Australian Practice Nurse Association and incorporating the Australian College of Midwives, the Australian Nursing Federation, the Australian College of Nurse Practitioners and CRANAP^{plus}, is promoting the use of TOV consultation by midwives and nurses.

“...without Telehealth the geographical distances for some women mean accessing these services is expensive and time consuming.”

For midwives TOV consultations create new pathways for working with women. It also enables and promotes collaboration between the midwife, women and their families, and the specialist, which in turn enables and promotes best practice. This collaboration supports continuity of midwifery carer, as the woman's midwife or primary carer is directly involved in the obstetric consultation. This involvement would not be possible if the consultation was conducted in person; the midwife would not usually be able to attend.

For further information on how to share the benefits of Telehealth, visit www.apna.asn.au/telehealth or contact Susan Currie, Telehealth Support Officer – midwife susan.currie@apna.asn.au Phone 0425 795 267 ●



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

Lifeline



support

positivity in the workplace

Positivity in the workplace creates an energy and it is infectious, says Annmaree Wilson Senior Clinical Psychologist with the Bush Support Services (BSS). Here Annmaree outlines why BSS is promoting a positive psychology approach.

Reflecting current psychological thinking, Bush Support Services (BSS) has adopted a positive psychology approach: putting a focus on promoting the more positive human emotions; finding out where our strengths are, rather than just focussing on difficulties. The approach celebrates and encourages resilience.

One of the core themes of positive psychology is the importance of positive thinking. We think all day, every day, and the way we think creates our existence. If you make a choice to think positively, to focus on the good things rather than the negative, then the world becomes a better place. This is an important survival strategy in the workplace.

Positive psychology does not encourage passivity. Rather, it encourages you to make choices about the quality of the contents of what is going on in your head. One of the central threads of the positivity argument is that 'like attracts like'.

Positive psychology does not encourage passivity. Rather, it encourages you to make choices about the quality of the contents of what is going on in your head.

When you decide to focus your attention on the positive at work, positive people and events will be drawn to you. Positivity in the workplace creates an energy and it is infectious.



Out of positivity flows many other desirable things like kindness and compassion, essential to remote health. Someone who is focussing, for example, on the positive cannot be a bully in the workplace.

It sounds like a cliché but the truth of the matter is that out of most situations, particularly at work, good things can be found. A difficult work environment may make the positives a little difficult to see. However, it is important to remember that everyone has some positives in their work lives.

It may be the contact you have with your patients, connection with a workmate or it may be as simple as the money you are earning. By ruminating on the negative and worrying, life becomes a rocky road. Think about the times in your life when you heard yourself complaining a lot. It's unlikely that complaining made you feel better.

...it is important to remember that everyone has some positives in their work lives.

Finally and maybe most importantly, focussing on the negative at work will infect your private life as well. A positive attitude is one of the major keys to success and contentment in every area of your life.

So give it a go. Make a decision to think positively...well most of the time at least!

**Annmaree Wilson
Senior Clinical Psychologist
CRANApus Bush Support Services ●**



sing for your life: a project, a partnership, a philosophy

Arts Health advocate Graham Sattler outlines here the story behind the *Sing For Your Life* project that will culminate in a performance by CRANApus members at our 2013 Conference in Darwin. But first he explains the multiple benefits of music and singing in particular.

Over the last 5–10 years, there has been a growing awareness of the many non-musical benefits of participating in group music activity. Thanks to some very public figures such as Norman Doidge (author of *The Brain That Changes Itself*) and Oliver Sacks (*Musicophilia*), research findings around music, neuroplasticity and mental health have crept into commercial media awareness through international bestseller lists, talkback radio and newspapers and magazines.

There's recognition that music activity, a non-clinical intervention, can play a powerful role in recovery and resilience, through increased self-esteem and social connectedness, empowerment through artistic agency and self-expression. And that recognition makes the job of Arts Health advocates like myself a great deal easier.

The Symptomatics, a Mental Health community choir, came into being while I was working as Director of a community music education organisation in regional NSW. That choir has now given more than 20 public performances and released a CD of a selection of their growing repertoire.

The Symptomatics is a great example of the value of accessible group music activity to resilience and wellbeing: but there are of course many more examples. Samba groups, Drumming Circles, Community Bands, and 'Weekend Warrior' adult rock groups exist all over the world as supportive, inclusive environments for artistic expression, facilitating bonding and peer support.

But is there something special about singing?

It is now commonly accepted that singing has physical and psychological effects, above and beyond other (valuable) music activities – especially singing enthusiastically and in harmony. There is a primeval basis to singing as a non-verbal form of communication, something that connects humanity as a common feature of all known cultures. Singing nourishes the soul, allowing us to investigate and express emotions through texts written for ceremonial, celebratory, grieving and social occasions – as well as affording us opportunities to learn and understand meanings, perspectives and values from our own cultures, and those of others.

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Research from several international universities including the University of London, Canterbury Christchurch University, the University of California and Macquarie University shows that singing is known to increase oxygenation in the blood stream, promote the production of endorphins, stimulate the lymphatic system, reduce stress and promote immune system proteins.

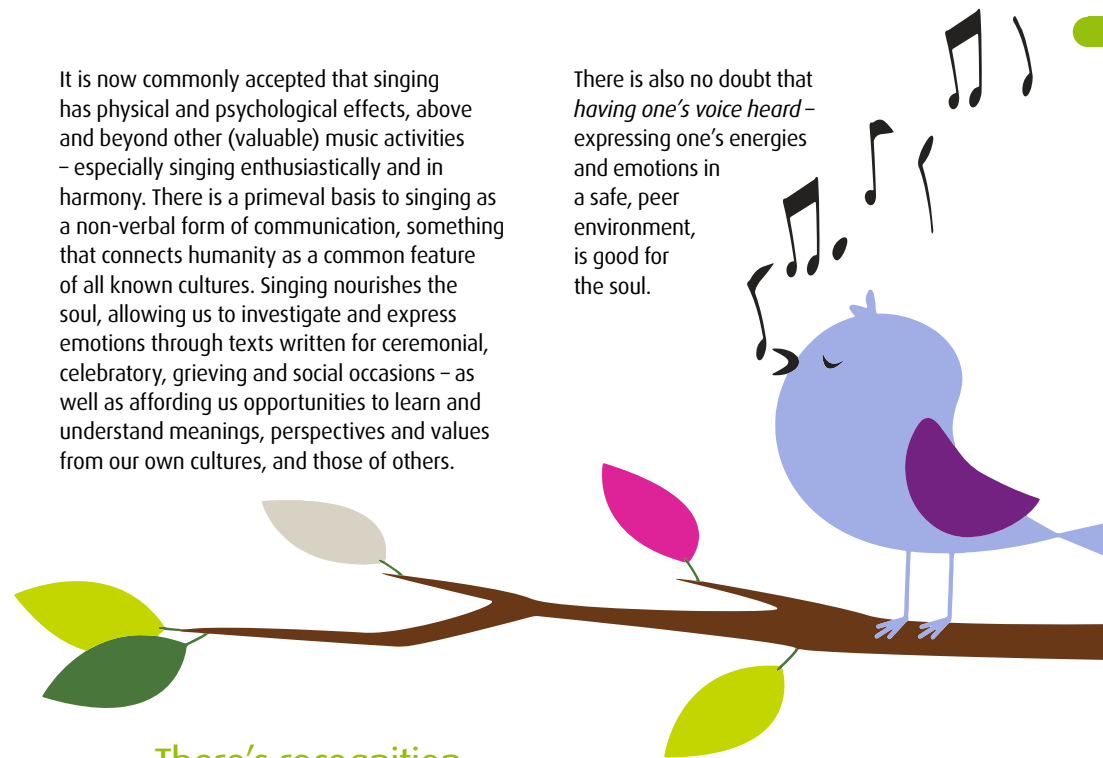
There is also no doubt that *having one's voice heard* – expressing one's energies and emotions in a safe, peer environment, is good for the soul.

Ok, so I think I've made my point about the benefits of singing, and in particular, doing so in a group – but how relevant can that be for those of us who live remotely and don't have access to a community choir?

So glad you asked!

The *Sing for Your Life* project, a collaboration with CRANApus Bush Support Services, is bringing together a group of remote area health workers from across the country, to form a choir whose final rehearsal period and inaugural performance will take place at the 2013 Conference in Darwin.

It all started with a conversation between Bush Support Services' Dr Annmaree Wilson and myself, after a presentation I gave last year at the NSW Rural and Remote Mental Health Conference in Bathurst. Annmaree was convinced that there was value in adding some sort of music activity to the service's resources, and recognised that the isolation experienced by remote area health workers was a challenge that had to be overcome to make such an activity viable. ►►



►► After playing 'idea ping pong' for a week or two we came up with a model, and that model is now up and running.

The way the project is unfolding is as follows:

Stage one: establish the online community of enthusiastic Sing For Your Life participants – no experience necessary, all (life) experience welcome (done!)

Stage two: indulge in some brainstorming around possible repertoire for the choir to learn and 'get to know each other' online (underway).

Stage three: commence one-to-one singing lessons using video-conferencing platforms. Each participant will have 12 lessons – weekly or fortnightly as suits the participant – comprising tailored singing technique and vocal hygiene instruction as well as learning the vocal parts to the agreed repertoire. (commencing next month).

Stage four: 3 face-to-face rehearsals on days 1-3 of the Conference, leading up to a performance at the Conference Dinner.



A challenge? How many really worthwhile projects aren't?

The participants are enthusiastic...and brave; there are some very interesting songs on the short list; and we're all feeling pretty excited at the prospect of some visual, and vocal, contact starting up in April.

So if you want to experience the results of this groundbreaking little project – and support those brave colleagues who are taking part in this first for remote health... be sure to make it to Darwin in September – there may even be a sing-along... ●

Graham Sattler

From 2001 to 2012 Graham Sattler was Director of the Orange Regional Conservatorium, where he developed life-long learning opportunities including curricular-support programs in schools, distance learning via video-conferencing, and partnerships with community, health, and allied organisations.

From 2007 to 2011 he was engaged in the design and delivery of the Associate Degree in Music Education course at Charles Sturt University, holding appointments as Adjunct Lecturer and Subject Coordinator.

Involved in PhD research since 2008 (socio-cultural development through group music activity in marginalised communities), he regularly presents at Music Education and Arts Health conferences, and has carried out fieldwork in Australia, North America and Bolivia.

Graham has worked as trombonist and singer with the Australian Opera, vocal soloist with the Symphony Orchestras of Sydney, Tasmania, Western Australia and Auckland, and extensively as a choral, orchestral and music theatre conductor.

natural disasters: considering the emotional cost



With floods and bushfires once again affecting parts of Australia, it is important that the emotional cost of dealing with these natural disasters is acknowledged and planned for.

It seems that every few weeks CRANAp/plus members and health workers in general in rural and remote Australia join with the general population in battling natural disasters

In general, all people living through natural disasters are likely to be psychologically more vulnerable than normal, at least in the short term. This vulnerability is not only about the stress of coping with the physical and financial consequences of a natural disaster.

Even little changes to peoples' routines can cause stress, so when people are isolated or made homeless by disasters, even temporarily, anxiety levels can rise. In these situations, some people engage in unhelpful coping strategies.

As health workers, the stress you face at these times can be much more than the general

population because of the public's expectation that health workers will cope and know what to do. However, it is important to remember that you are only human and that everyone's ability to cope is different.

Even little changes to peoples' routines can cause stress, so when people are isolated or made homeless by disasters, even temporarily, anxiety levels can rise.

While many people report being stunned or dazed during the early days of a disaster (a normal response that seems to serve some sort of protective purpose) health workers and other emergency service personnel often report that they do not experience the shock until some time after the disaster, because their immediate response is to jump into action. ►►



►► Apart from this area of difference between the general public and experienced health workers, who are trained and prepared for disasters, it is important to recognise that there are many other variables in both onset and severity of reactions to disasters.

Feelings such as anger, guilt or grief are common. Cognitive reactions may include forgetfulness, confusion, worry and poor concentration. These difficulties may be accompanied by physical reactions such as fatigue, sleep disturbance or nausea.

Family or other interpersonal relationships can be similarly compromised, with increased irritability and a need to control.

As research has shown, the extent of the distress felt by an individual correlates with the actual and perceived sense of loss during a natural disaster: feeling like your life has been in danger or the actual loss of a loved one of course results in acute distress.

Another contribution to the level of stress is any previous history of trauma or psychological condition. For health workers, other pertinent factors include exposure to other people's injuries and extreme levels of fatigue and exhaustion.

For those of you who face being in the frontline in times of natural disaster, it is important to plan ways of managing the emotional toll that these situations can have on you.

**Planning is the key word here.
Don't wait until a disaster happens.
Get into training now!**

There are a variety of things that your personal disaster training regime needs to encompass.

- Make sure you know how to contact relevant emergency service personnel such as SES.
- Think about the priorities for yourself, your family and your patients.

It is important to get back into a routine as soon as possible afterwards, but be kind to yourself.

You are no good to anyone if you are depressed and your concentration is very poor.

- Keep lines of communication with loved ones open as much as possible.
- Make sure you look after yourself by eating, sleeping and not overindulging on food, alcohol or drugs.
- Have a relaxation regime through meditation, breathing, prayer.
- Remember that distraction is a good thing, so make sure you have a hobby or sport that will take your mind off things.

Finally, don't isolate yourself.

- Talk to loved ones and others who have been through what you have.
- Seek professional help if what you are going through starts to cause you problems at home or at work.
- Feel free to ring BSS! We are on our toll-free number 24/7 and happy to talk to you about what you may be going through.

**Annmaree Wilson
Senior Clinical Psychologist
CRANApus Bush Support Services ●**



**Call 1800 805 391
any time, day or night
Bush Support Line**

psychological benefits of owning a pet

We need another and a wiser and perhaps more mystical concept of animals. Remote from universal nature, and living by complicated artifice, man in civilisation surveys the creature through the glass of his knowledge and sees thereby a feather magnified and the whole image in distortion. We patronise them for their incompleteness, for their tragic fate of having taken a form so far below ourselves. And therein we err. For the animal shall not be measured by man. In a world older and more complete than ours they move finished and complete, gifted with extensions of the senses we have lost or never attained, living by voices we will never hear. They are not brethren, they are not underlings; they are other nations, caught with ourselves in the net of life and time, fellow prisoners of the splendour and travail of the earth.

Henry Beston, The Outermost House

Callers to the Bush Support Services line regularly talk about animals: their pets, camp dogs and wildlife.

Sometimes callers discuss the grief they feel at the loss of a beloved pet, or they may identify the comfort they receive from their pets.



Sometimes callers are worried that their concern for the animals in their life is misdirected or inappropriate. However, the psychological benefits of owning a pet have been increasingly recognised in the psychological literature. Rather than being inappropriate, having pets plays a significant role in life and they appear to have a very positive impact on mental health.

Sometimes callers are worried that their concern for the animals in their life is misdirected or inappropriate.

The psychological benefits of pet ownership are wide-ranging. Most people get a great deal of satisfaction from the affection and smooching of a pet dog. In return, their owners are able to shower affection on their pet. As we know, mutual affection is really important to the human condition. However, when you are working in an isolated and remote environment, it may be challenging to maintain such relationships. That's where pets can play such an important role.

In fact, a recent study has shown that a pet can definitely parallel a human friend. This research explored factors that are potentially relevant to working in a remote area, including depression, loneliness, illness, self-esteem and low activity level. What they found was that participants with pets scored better on all measures and tended to have higher self-esteem and less loneliness.

In another part of the study, the researchers had the participants write about experiences where they felt rejected and how they dealt with it. The researchers found that people who wrote about their pets coped as well as people who wrote about support from human friends.



Apart from alleviating stress and minimising loneliness, it appears that owning a pet enhances a sense of responsibility. It also facilitates connection with other humans: it's a great conversation starter to encounter someone walking a very cute dog!



Some people even report that their pets are better listeners than their partners, and of course, they don't complain and never argue.

Pet ownership has physical benefits as well. Studies have shown that pets help in reducing blood pressure. A dog can get you exercising because you have to walk them everyday.

There is even some suggestion that having a cat or a dog can boost your immune system as they expose you to certain bugs and allergens. Heart attack patients who have pets survive longer than those without, according to several studies.

It is not always possible or practical to own a pet when you are working remote, but for those who can, pet ownership may be a really useful part of your remote area stress management arsenal.

Annmaree Wilson
Senior Clinical Psychologist
CRANApus Bush Support Services ●

how can I miss so many cups of tea?

Lee Rushton is a clinical psychologist with Bush Support Services (BSS). Two years ago she decided to drive from her home in NSW to WA for Christmas: her daughter needed the hours for her learner driving licence. On a whim, Lee decided to drop in on health services on the way and deliver BSS and CRANAp^{plus} resources. She loved it. So did her daughter. They did it again the next year: this time it wasn't about the hours. Here is Lee's story of the journeys and why she is planning a third trip.

Over two trips, I have clocked up 19,980 kilometres and 81 visits to health services in NSW, Victoria, South Australia and southern Western Australia.

What has made this a series of wonderful journeys has been the people I have met on the way (some for five minutes, some for a couple of hours); the truly beautiful sight of the Nullarbor in the rain; clouds of pink gallahs flying out of Wilimington; an emu Dad and his eight chicks crossing the road on the way to Wilcannia; South Australian road safety signs. And did I mention bakery items?

What have I learnt? Here are my lists.

But firstly thank you:

For all the very kind and generous invitations to tea: we wanted to stay. Thank you for asking, although at 80–100kph and between 650–980 km to travel per day we would never have made it to the next town. I hope next time we will be able to do it.

For recommending the next best bakery to visit: wraps in Blayney, the best vanilla slice in Ouyen, souvlaki in Kimba, battered scallops in Ceduna, fish and salad (how do they do it) in Eucla, passionfruit cheese cake in Ravensthorpe and an amazing motel meal in Norseman.

For warnings about the road conditions: the road trains on the way to Iron Knob and Port Augusta, the dirt road between Menindee and Ivanhoe, the high rate of motor vehicle accidents out of Southern Cross and Balranald.

Plus opening my eyes to diagnosis and treatment via video link in Grenfell.

Lessons learnt:

Always watch the oncoming driver as there will be a road train approaching on your side of the road on the narrow back track in country Victoria you thought was quiet.

Do not stop on the gravel roadside out of Yalata to crouch down to remove the L plates (road trains do have a powerful slip stream and you will be knocked off your feet).

Drive carefully at dusk: emus, unlike kangaroos, seem to want to say hello as you drive towards them, while camels just stand and stare.

Shop local: the op shop in Jerramungup stocks the most amazing dress patterns; and you can search for thread for months in Sydney but find it easily in the main street of Ouyen.

Questions:

When you discover the road is closed after driving 50 km, do you turn around or go on for the remaining 50 odd km?

So many men went to WW1 and WW2 from small country communities, did I really count 200 from Canowindra on the Hospital's marble plaque?

Is that a wave or a "there is something badly wrong with your car" hand signal between Orroroo and Peterborough? Two years in a row now, and many km of "do you think we should stop and check it out?" conversations.

How do you pronounce Manangatang?

Just how many time zones are there in Australia?

'Up' and 'roo' can be added to any town name in which states (Walleroo, Lamerloo, Kojonup, Munglinup)?

Just how many towns have found the biggest nugget, had the longest gold rush, the biggest cooper mine, biggest jade production, the largest paddle streamer, the biggest wool and/or grain production?

Memories:

Mice run across your toes in the night; salad is sometimes served with sweet sauce; windows don't close in your motel room; food finished three minutes before you arrived; petrol closed five minutes before you drive up to the bowser late on a Saturday evening (the locals in the pub come to your aid and push your case with the petrol station owner – and you get enough petrol to travel on); one minute noodles and Peters ice cream cups from the petrol station can be an excellent meal; do not eat fish far from the coast; toilets often don't work; red dust never leaves your car; short cuts rarely are.

Amazed by:

The staff working in communities and hospitals without back up; the distances travelled to work; the long hours and skills required outside your discipline, for example the mental health issues dealt with by physical health staff; the relatively large older hospitals with so few staff; community nurses working with birth through to death with little support; the number of car accidents and the impact of sudden death on small communities; the extent of financial pressure and the lack of resources; the weather...

How do you do it? Work long hours, belong in the community but remain professional in your job, without blurring those lines, roster when there are so few staff, start programs (not just treatment related) like community gardens, knitting groups and dancing with so few resources. And, if you work in Ravensthorpe,



how on earth you do get in the door on a hot day without bringing in the flies?

I will be coming again: my son is approaching his learners. Along with information about and resources from BSS and CRANAp^{plus}, what would you like me to bring? Remember, we really are a service for you (not for your clients). I found the snakes and ladders game a hit; the journal was a yes for most; the knitting in the extremes of last summer may have seemed a little odd; the seeds were well received; I'm not sure what you thought of the handmade soap.

Nursing staff in the city have discovered I travel and have donated pre-loved family partnership training books. Would you be interested in these? Is there anything else we could find to help overcome your limited resources and put a little joy to your day?

And I will bring bakery items... if you have the time for tea. ●

mood and food

What we eat truly does affect our mental health and our mood. BSS Psychologist Christine Martins gives us the lowdown on five key foods that positively affect our mood. And the good news is, these foods are mostly easy to stock in a remote area pantry or fridge!

What we eat affects our blood sugar levels and brain chemicals (neurotransmitters, such as serotonin, dopamine and acetylcholine) which, in turn, affects the way we feel.

When our blood sugar levels fluctuate, our mood and energy levels change. The negative effects of fluctuating blood sugar levels include irritability, poor concentration, fatigue, depression and food cravings. And when the brain chemical levels change, it influences the way we think, feel and behave.

By eating the right foods, you can take control and give yourself an emotional edge to the day.

1. Oatmeal

Oatmeal may help if you find yourself feeling irritable and cranky. It is rich in soluble fibre, which helps to smooth out blood sugar levels by slowing the absorption of sugar into the blood.

Oatmeal is also a great food to help you stick with your diet plan, because the soluble fibre in oatmeal forms a gel that slows the emptying of your stomach so you don't feel hungry quickly.

2. Walnuts/nuts

Walnuts have long been thought of as a "brain food" because of their wrinkled, bi-lobed (brainlike) appearance. Now we know that walnuts are an excellent source of omega-3 essential fatty acids, a type of fat that's needed for brain cells and mood-lifting neurotransmitters to function properly and possibly help some people with depression.

3. Salmon/tinned fish

Other foods rich in omega-3 fatty acids include salmon, sardines, flaxseeds, and omega-3 fortified eggs.

4. Lentils

A member of the legume family, lentils are an excellent source of folate, a B vitamin that appears to be essential for mood and proper nerve function in the brain. Low levels of folate have been linked to depression. (Alpert and Fava, 2009). Although researchers don't yet fully understand the connection, folate deficiency appears to impair the metabolism of serotonin, dopamine, and noradrenaline, all of which are neurotransmitters important for mood. A cup of cooked lentils provides 90% of the recommended daily allowance of folic acid.

A healthy bonus: lentils contain protein and fibre, which are filling and help to stabilise blood sugar. Other sources of folate include: fortified breakfast cereals, green vegetables such as spinach and broccoli, liver, and beans.

5. Bananas

Bananas are a powerhouse of nutritional value. They contain three natural sugars – sucrose, fructose and glucose combined with fibre. A banana gives an instant, sustained and substantial boost of energy.

Research has shown that just two bananas provide enough energy for a strenuous 90-minute workout.

No wonder the banana is the number one fruit with the world's leading athletes. But energy isn't the only way a banana can help us keep fit. It can also help overcome or prevent a substantial number of illnesses and conditions, making it a must to add to our daily diet. Many people experiencing depression report they feel much better after eating a banana.

This is because bananas contain tryptophan, a type of protein that the body converts into serotonin, known to induce relaxation, improve mood levels and generally helps us to feel happier.

Serotonin, one of the key neurotransmitters influencing our mood, is often referred to as the "feel good" hormone.

Also, the vitamin B6 it contains regulates blood glucose levels, which can affect your mood. High in iron, bananas can stimulate the production of haemoglobin in the blood and so helps in cases of anaemia.

This unique tropical fruit is extremely high in potassium yet low in salt, making it perfect to beat blood pressure. So much so, the US Food and Drug Administration has allowed the banana industry to make official claims for the fruit's ability to reduce the risk of blood pressure and stroke.

Serotonin, one of the key neurotransmitters influencing our mood, is often referred to as

the "feel good" hormone. In the past few years, research has suggested that vitamin D may increase the levels of serotonin. We get vitamin D mainly through exposure to sunlight and in lesser amounts, through food. Eating highly spiced foods and chocolate have been linked to production of higher levels of serotonin.

When you eat is another important factor. Most people need to eat a well proportioned meal 3–4 hourly. A small amount of protein eaten at regular intervals (each 3–4 hours) allows energy to be maintained at optimum levels through serum blood sugar level regulation.

Easy-to-source protein includes tinned fish (tuna, salmon, sardines), nuts, baked beans, milk, yoghurt or cheese. As well as providing nutrients, these eating strategies help smooth out the negative effects of fluctuating blood sugar levels.

A word of warning

Although caffeine has been shown to lead to a more positive mood and improved performance, it requires caution. Too much caffeine can make you nervous, irritable, hypersensitive or bring on headaches. It can also have dependency issues. ●



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: 0448 011 956 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.**

Funded by the
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