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CRANA *plus* magazine

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the voice of remote health



educate 54
advocate 70
support 78

from the editor



Each edition I wonder how we can better the one before and if the content will be as rich. Then I speak to members about what they do and I know that will not be a problem!

This edition is crammed full of great stories ranging from school nursing to defence force nursing and they may just challenge your notions of exactly what is 'isolated' practice.

Our cover photo is Member Squadron Leader Sarah Wheal who shares the story of her diverse career.

CRANApplus has much pride in announcing our first Patron. I won't spoil the surprise – you can find the details on page 4.

We introduce our new Team member Annie MacNamara who has joined us as our Coordinator/Logistics Officer. This role was created in answer to the increased demand for our internationally recognised courses and projected growth in 2014. Many of us remember the days when our National Education Manager Libby Bowell traversed the country with just two suitcases of training equipment for a course – today we freight over half a ton per course!

Musical Director Graham Sattler gives an update on the Bush Support Services Sing for Your Life Choir who will make their stage debut at the Annual Conference Awards Dinner in September.

In the June 2011 edition we featured Nancy Weatherford's career change from aircraft refueler to student nurse. Read about her experiences on the next part of that journey as a Graduate Nurse in the Torres Strait on page 24.

A warm welcome to our new Corporate Member Your Nursing Agency. YNA are a leading Australian owned and managed nursing agency, providing staff to sites across rural and remote areas and in capital cities.

CRANApplus values our relationships with the outstanding organisations who choose to partner with us.

Our Conference will be only days away by the time some of our remote readers receive this edition (the vagaries of Australia Post) but it is not too late for many of you.

We look forward to seeing you in Darwin!

Anne-Marie Borchers
Manager Member Services, CRANApplus



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About the Cover: Squadron Leader Sarah Wheal, a nursing officer in the Royal Australian Air Force, is pictured with a Pilatus PC-9, which is used for training Air Force and Navy pilots, and flown by the Roulettes – the Royal Australian Air Force's elite formation flying team. (Read more on page 16).

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from the ceo

Writing for the magazine at this time of the year is always exciting. We are right on the cusp of the conference and the whole organisation is buzzing.

It's a busy time. Getting ready for the work around the conference, organising the AGM, preparing for the pre and post courses and of course getting ready to do what we do so well – catching up with each other.

Conference is a time when we do so many things. We teach, learn, socialise, network, meet new friends and generally have a great time. As an organisation, we have grown a great deal but in the overall scheme of things, the remote health world is still pretty small and it is the intimacy of the group that keeps the CRANApplus Conference vibrant.

Everyone is either known or, for those who are new to the sector or a student interested in the sector, everyone wants to know you and is interested in what you are doing.

It's a place where those working in the field swap stories and a place where those who teach the professions working on the ground can renew links and network with them to identify their training needs.

CRANApplus 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. CRANApplus does not have a position on some of the topics for discussion, but is keen to provide a variety of voices and viewpoints to add to a comprehensive and informative debate.

Those of us who work for CRANApplus are ever mindful of our responsibility to our membership but never more so than when we all get together for the annual conference. This is very important to us. We are complimented on what we do well and informed about what we could do better. This is a big part of our evaluation and we welcome that interaction.

It is so easy for us to simply get on with our jobs and overlook the reasons why we do the things we do. Interacting with members and friends at the conference brings us back to reality, refocuses our efforts and reinvigorates all the staff.

It works for everyone and is FUN – see you there.

Carole Taylor
CEO, CRANApplus



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



engage

from the interim president

As CRANApus interim President, I welcome this opportunity to address our membership on progress within our organisation, which continually strives to ensure you have access to quality education and support services.

I recently had the chance to visit each of our organisation's offices and to discuss future needs in education and support programs.

Our education team indeed has no equal: it's organised, highly-qualified, committed and in touch.

The BSS program, providing support for remote practitioners, was recently acclaimed as unique, essential and outstanding by recipients in the network and also service referrers. Great work, team.

Professional support services continue to make sure we are in the front seat on opinion-leading forums and maintains advocacy for our professionals.



Photo: Stephanie Jeremy

And our corporate and management services have been busy over the last few months with issues such as the funding allocation and ensuring systems improvement for future proofing with a Business and Risk plan to shore up our position over the next few years.



We have a remote area workforce prepared to deliver. However, there is still plenty of work to be done to ensure equitable recognition and support for remote practitioners so they can continue to contribute to our communities.

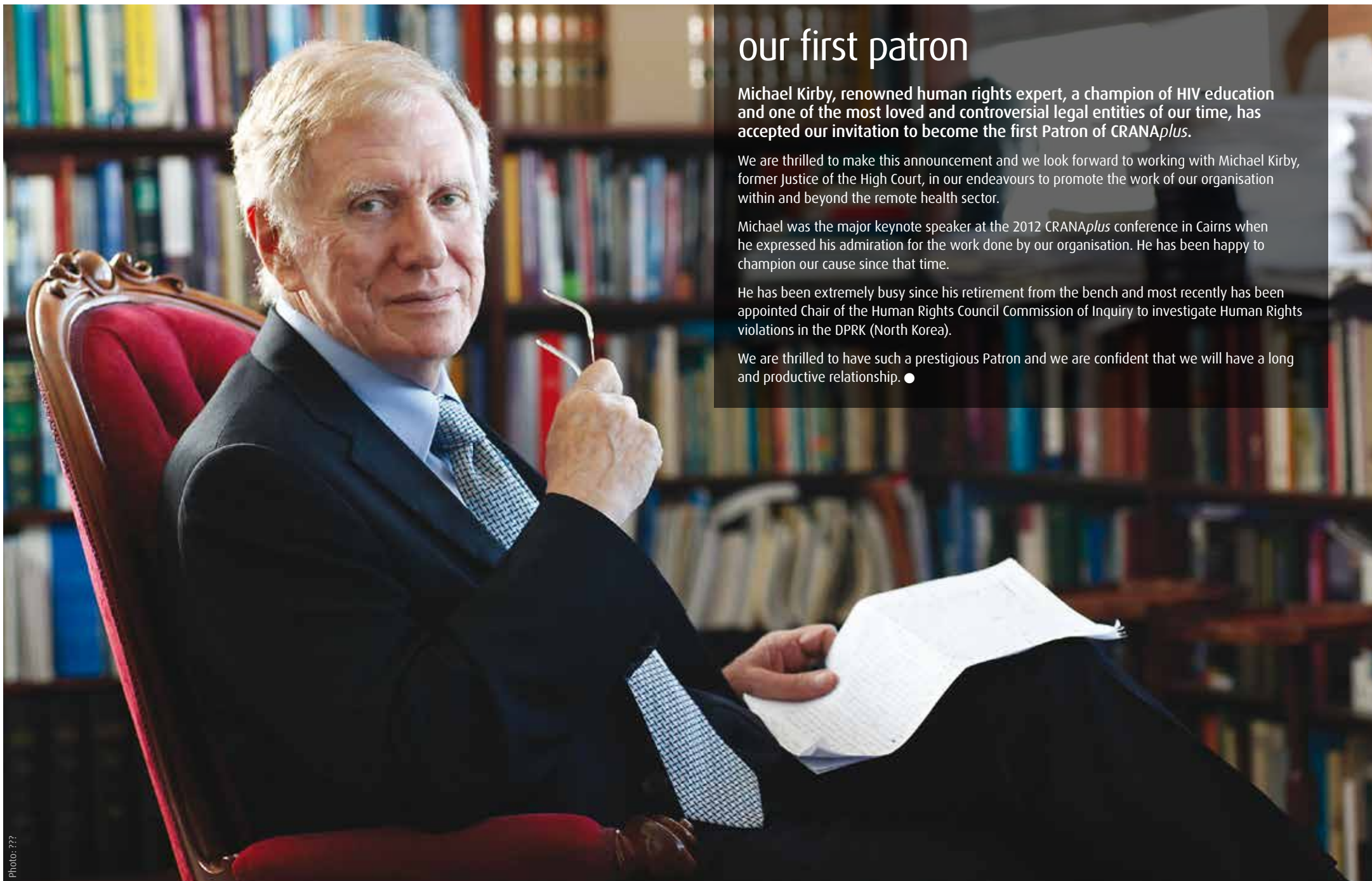
Our mate Christopher Cliffe has laid down a solid platform for the CRANApus Board and staff to progress the aims and objectives of your membership and the Board continues to deliver on strategy and planning, to support our organisation's future accountability.

We have a remote area workforce prepared to deliver.

The success of our applications for Australian government funding for the next few years indicates our worth and reputation as a lead organisation in the remote health sector.

With a great line up for the upcoming Conference, the Board and administration have been working flat out to make sure your thoughts and contributions are reflected in the agenda. It will be great to catch up during the conference and grab the opportunity to hear more about your valued contributions to CRANApus,

Paul Stephenson
Interim President, CRANApus ●



our first patron

Michael Kirby, renowned human rights expert, a champion of HIV education and one of the most loved and controversial legal entities of our time, has accepted our invitation to become the first Patron of CRANAp/us.

We are thrilled to make this announcement and we look forward to working with Michael Kirby, former Justice of the High Court, in our endeavours to promote the work of our organisation within and beyond the remote health sector.

Michael was the major keynote speaker at the 2012 CRANAp/us conference in Cairns when he expressed his admiration for the work done by our organisation. He has been happy to champion our cause since that time.

He has been extremely busy since his retirement from the bench and most recently has been appointed Chair of the Human Rights Council Commission of Inquiry to investigate Human Rights violations in the DPRK (North Korea).

We are thrilled to have such a prestigious Patron and we are confident that we will have a long and productive relationship. ●

collaboration is the key

The Greater Northern Australia Regional Training Network (GNARTN) has been established to support improved training and education opportunities for the health workforce across the top of Australia. Senior Director of GNARTN, Mr Scott Davis, explains:

"I think this is a really innovative and exciting opportunity for Northern Australia," says Mr Davis.

"Traditionally, organisations and governments focus on their own backyard, Now by working in partnership, there is a real opportunity to share information, resources and drive efficiency and improve the effectiveness of the system."

GNARTN covers the area of Greater Northern Australia (GNA) which is broadly defined as north of the Tropic of Capricorn. For practical purposes, GNARTN extends as far south as Rockhampton Hospital and Health Service in Queensland, includes the entire Northern Territory, and the township of Carnarvon is the southern border in Western Australia.

Mr Davis said: "It is well recognised that training and maintaining a clinical workforce in the rural and remote regions of northern Australia, presents a unique set of challenges. By working with educational providers, clinicians and health service providers we anticipate that GNARTN will provide a mechanism to develop training pathways across the north of the country, providing a unique training opportunity for clinicians, strengthen the health system and ultimately support enhanced services to the northern Australian population."

The establishment of GNARTN follows the establishment of Integrated Regional Clinical Training Networks (IRCTNs) throughout Australia, each developing a unique and local approach to supporting clinical workforce training and planning in its own region.

"We are a kind of enabler for the networks across Greater Northern Australia," Mr Davis said.

"It is well recognised that training and maintaining a clinical workforce in the rural and remote regions of northern Australia, presents a unique set of challenges..."

"What GNARTN will enable is collaboration between the local networks, not only as a way to create new opportunities through innovation but also to come together to address those issues that impact on Northern Australia. It's really hard for an individual network in a region to do it alone, but by working together with a clear focus on enhancing clinical training, GNARTN is confident that we can make a significant difference."

GNARTN has already conducted a Clinical Supervision Support Program (CSSP) workshop and produced a discussion paper around supporting CSSP in rural and remote areas.

It has also developed a model for improving continuous professional development for Aboriginal and Torres Strait Islander health

practitioners and health workers, and is looking at how to roll out that tool over the next six months.

Also on the to-do list is an options paper for a medical prevocational education and training model/centre; and scoping and development of specifications for a clinical placement management system. The aim here is to enable universities and the health industry to work together when it comes to providing placements in the workforce.

"We will work in partnership with a range of training institutions and government and non-government health service providers in greater northern Australia," Mr Davis says.

"The success of GNARTN as a rural/remote cross-jurisdiction network is dependent on effective and focused collaboration with key stakeholders – government and non-government organisations – to address some of the unique challenges in providing clinical training in rural and remote areas."

The GNARTN team, headed by Mr Davis and assisted by Ms Neroli Stayt, Project Manager, is based at James Cook University in Cairns.

"We will work in partnership with a range of training institutions and government and non-government health service providers in greater northern Australia..."

For more information on GNARTN, please contact the Project Team:

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Allied Health Scholarships

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Whenever a current or future rural or remote allied health professional is awarded a scholarship, the wider Australian community wins! And that's where Services for Australian Rural and Remote Allied Health (SARRAH) comes in. We administer a number of fantastic scholarships on behalf of the Australian Government's Department of Health and Ageing, and they're tailor made for people just like you. This is an unparalleled opportunity to ease the burden of expensive travel, accommodation and, of course, education costs in 2014. Online applications are opening very soon! Can you afford not to apply?

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GNARTN

GREATER NORTHERN AUSTRALIA REGIONAL TRAINING NETWORK

authentic experiences

An authentic environment and authentic learning experiences are at the core of the new training facilities of Tasmania's Australian Nursing Federation (ANF).

The Health Education and Research Centre (HERC) in Hobart, opened in April, fulfils the long-term vision of Tasmania's ANF to provide state-of-the-art professional, industrial and educational services to Tasmania's rural and remote health care workforce.

An authentic four-bed nursing ward, human patient simulators that are almost life-like and sophisticated audio-visual infrastructure that allows live video-streaming to lecture theatres are key elements in the new training facility.

Dr Lisa Dalton, Nurse Education Manager at HERC (pictured below), was closely involved in developing the simulation centre and video streaming facilities.



"We were very keen to ensure we provided an environment that is as authentic as possible," Dr Dalton said.

"For example, the oxygen (air) and suction facilities function just as they would in an actual hospital ward environment. In other words, they look the same, use the same equipment, sound the same, and allow students to administer 'oxygen' (air) and suction to the human patient simulator. So they not only look real – they ARE real.

"We were very keen to ensure we provided an environment that is as authentic as possible..."

"It is now well recognised that the best training for health professionals is when they are able to apply and practice their knowledge and skills in realistic settings. The state-of-the-art simulation facilities here allow training for healthcare individuals and teams that range from performing simple dressings through to responding to realistic high level emergency situations.

"In addition, the video streaming to the lecture theatres and training rooms mean small groups of health professionals can learn through hands-on approaches while being observed by larger groups who can analyse and reflect on the vision being streamed from the simulation training rooms.

"The highly-technical aspects of the computer-operated human mannequins that can now speak, breathe, excrete, and respond to medical interventions are indeed state-of-the-art. But simulation-based health professional education consists of much more.

"The authenticity of the teaching and learning environment and the interaction between a realistic nursing situation and the student create the conditions for high-quality and effective learning to occur through simulation."

"The authenticity of the teaching and learning environment and the interaction between a realistic nursing situation and the student create the conditions for high-quality and effective learning to occur through simulation. And these are the features reflected in the careful design of the HERC facilities."

HERC has five levels that are custom built to accommodate the unique education and training demands of the health professions, says HERC Business and Events Coordinator, Lynette Polley, who explained that the facilities are available for training and education for nurses and well as for people in the medical industry in general.

The authentic four-bed nursing ward, equipped with the human patient simulators that are almost life-like, includes a video system that allows the simulated training to be streamed to the 80-person lecture theatre on another level.

In addition, there are two more classrooms for more intimate training for smaller groups and a board and video-conference room that has flexible space options to allow it to be divided for private meetings or opened to access a second lecture theatre and audio-visual screen and data projector for larger-scale meetings.

"The facilities provide a comfortable and well equipped learning environment for health professionals to participate in our comprehensive professional development program," says Ms Polley.

"HERC offers a program of seminars, workshops and conferences to support nurses, midwives and personal care workers with professional development that is contemporary, relevant and meaningful.

"HERC training programs have historically focussed on supporting nurses (Registered and Enrolled) and midwives with professional development services," she says. "More recently, we have been developing a continuing professional development program that reflects the ongoing support needs of Personal Care Workers.

"We consider this to be an important service to better support an area of the health workforce that is rapidly growing and implementing care for some of our most vulnerable people." ●



love is in the air

"Quiet on the set! Roll camera! Action! Inception Strategies CEO Damian Amamoo is wrapping up two days of filming in Cronulla, New South Wales, for a pilot love and relationships television show called 'Love Works'.

It has been nearly four years since CRANApus last caught up with Damian, when he was a guest speaker at the 2009 CRANApus National Conference in Alice Springs. Back then, some of our members will remember his enthusiasm for the social comics they had produced for Indigenous communities.

It's time to find out what's been happening since.

Anne Marie: Are you still doing the comic books?

Damian: For sure. The comics and posters are still what we are best known for.

Anne Marie: So what are you trying to achieve with your foray into film and television?

Damian: *That's a good question Anne-Marie. On one level we would like to produce and direct a large number of TV commercials for our clients. On another level, we would like to pilot and launch some of our own television productions like 'Love Works'.*



We used to experiment with small film productions in our early days. But for the past eight years we sat outside the industry and watched whilst building up the comic book publishing side of our business.

There have been some exciting changes during this time including the birth of a National Indigenous Television Station, the switch over to digital television and the increasing proliferation of mobile devices including smart phones which have become potential distribution channels for broadcast content.

We've also noticed some great Indigenous talent coming up through the ranks such as Debra Mailman, Sean and Jodie Choolburra, Kevin Kropinyer, Anthony Newcastle, Brett Mooney and others who appear in a variety of Indigenous-focused projects. But there seems to be a glass ceiling preventing them from appearing regularly in mainstream television and film productions.

Anne-Marie: So where does Love Works fit in to this?

Damian: *Inception Strategies would like to try and do our little bit to change some of this by making mainstream-focused film and television programs that provide a bridge for Indigenous comedy and dramatic talent into mainstream audiences and increased career opportunities.*

Anne-Marie: OK I understand, so tell us more about the show.

Damian: *Love works is about the meaning of love in a modern context, in contemporary relationships where one partner may be working incredible hours and the other partner is also working incredible hours to support them and the relationship.*

Modern families are being squeezed from all sides and so we want to take a look and explore, if you like, the way love works for couples today.



We have got two very talented and exciting presenters in Sean and Jodie Choolburra, and we've had a range of interesting couples sign up to be interviewed for the pilot.

Anne-Marie: So when do we see it on television?

Damian: *Well, there's still considerable work to be done including editing and pitching to a number of television networks and other agencies. But I'm excited about the challenge.*

We've also got other concepts that are slated for production in the next year including a sitcom and some mobile apps for tablets and smart phones.'

Anne-Marie: Well sounds like you are pretty busy, best of luck with that. So, getting back to the comic books, how do our CRANApus members keep up with your latest releases?

Damian: *Well, we always put new comics up on our website, plus we have built our own Inception Strategies App for Apple and android mobile devices so they can also be accessed there.*



But if any of your members would like a set of free printed samples all they need do is email our promotion and distribution manager elsie@inceptionstrategies.com and quote 'CRANApus ROCKS!' in the subject line and mention this article along with their postal address, and we'll send the freebies out to them ASAP.

Anne-Marie: Wow. What a fantastic offer. Thanks Damian! ●

Marclene cares for the health of her community

Far from her home on a remote island in the Torres Strait, nursing student Marclene Mooka is making strides at university in Townsville. She is one of many Indigenous students working towards their chosen career, enabled through a boarding school scholarship and ongoing support provided by the Australian Indigenous Education Foundation (AIEF).

AIEF is a private sector led, non-profit organisation focused on empowering Indigenous children in financial need to build a future through quality education and career pathways at Australia's leading schools, universities and companies. A product of strong partnership between the Australian Government and the private sector, AIEF is building a \$140 million fund to open the doors to leading schools and universities for 7,000 young Indigenous Australians.

AIEF provides scholarships at a host of partner schools across Australia...

Marclene comes from the remote Dauan Island, one of the northern most Islands close to Papua New Guinea in the Torres Strait. Dauan Island has a population of just over 150 people, equal to 33 households; just 31 families reside on the Island. The local school extends only to Year 7.

AIEF provides scholarships at a host of partner schools across Australia, schools such as The Cathedral School in Townsville, where Marclene moved to continue her education. She received an AIEF Scholarship, which not only provided the financial means to board and study at the school, but gave her access to transition and career support provided through the AIEF Pathways Program.

While Marclene's school provided great academic support and care, the AIEF Pathways Program helped her prepare for life after school. The program aims to ensure all Indigenous students on AIEF scholarships make a successful, smooth and sustainable transition from school to further study or work for meaningful and productive careers.

"They helped me in so many ways... They made it easier; they were always there if you needed support."



Marclene relished the opportunities available at The Cathedral School.



Marclene in her nursing uniform with AIEF Student Support Manager Claudia Cowell.

Marclene worked with AIEF's Student Support Managers to identify her strengths and career goals and received assistance in applying for her course and finding suitable accommodation on the mainland.

"I love helping people and making a change in someone's life... Because of the health issues up on the islands, I figured that doing nursing I could give back to my community."

"They helped me in so many ways... They made it easier; they were always there if you needed support," said Marclene.



A career in the health sector became her focus. For Marclene, the choice to study nursing was natural; "I love helping people and making a change in someone's life... Because of the health issues up on the islands, I figured that doing nursing I could give back to my community."

After graduating Year 12 in 2012, Marclene was accepted to study Nursing Science at James Cook University in Townsville. She is enjoying her course, is working hard and is enthusiastic about the things she is learning. ●

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I need leave each year and I need to do Aboriginal Community visits so the NAHRLS system has great potential for our business."

**Bill Robertson, Managing Optometrist
Alice Spring, Northern Territory**

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media release

2,000th placement into remote indigenous communities for RAHC

The Remote Area Health Corps (RAHC) has now delivered over 2,000 health professional placements into remote Indigenous communities across the Northern Territory (NT) since beginning operations in 2008. This is the equivalent of 186 years of service.

Dr Diana Richards, a GP from Sydney with over 30 years' experience is the 2,000th placement and was presented with a commemorative certificate by the Hon. Warren Snowdon, Member for Lingiari and Minister for Indigenous Health, at the Centre for Remote Health in Alice Springs on Tuesday, 6th August 2013. Following her cultural and clinical orientation training, Dr Richards will be heading to Tennant Creek for a three week placement.

"RAHC are providing a fantastic service to Aboriginal communities ensuring that people outside the cities and towns have access to quality health care. It is a positive step towards closing the gap in health outcomes between Aboriginal and Torres Strait Islander people and the broader Australian population." said the Minister.

RAHC was established to recruit urban-based health professionals, including general practitioners, registered nurses, midwives, oral and allied health professionals to provide primary health care on short-term paid placements in remote Indigenous health centres in the NT. RAHC health professionals have been providing significant support to the hard working permanent staff in the remote health centres as well as expanding the health workforce in remote Indigenous communities throughout the NT.



RAHC supports health professionals throughout their placements. Beginning with high quality cultural and clinical orientation programs before their placement and orientation and ongoing support from RAHC staff while they are on placement in the community.

According to Philip Roberts, General Manager of RAHC: "The team is proud to celebrate this milestone of 2,000 placements. We are equally proud of our repeat rate of 80 per cent. This really shows that the RAHC model works and that health professionals are returning for placements and providing continuity of care. The range of support provided to the health professional before and during the placement is crucial to its success along with the support of our stakeholders and the hard working permanent team on the ground."

For more information on the Remote Area Health Corp log on at www.rahc.cm.au or call 1300 697 242. ●

from sydney to the sandpit

For Squadron Leader Sarah Wheal, Health Centre Manager at the East Sale RAAF base, her love affair with remote nursing began in Katherine, NT. Here she outlines her career path to date.

It all began back in 1996, while I was a nursing student at Sydney Uni, when I joined the Army Reserve as a Medic, and spent a few years accompanying combat engineers out on their training weekends.

From the moment I decided that I wanted to join the Australian Defence Force (ADF) full time, it took only six weeks to find myself employed as a full time medical assistant in the Air Force. I did this job for three years, before completing my degree and then being commissioned as a nursing officer (registered nurse) in 2002. As part of this process, I worked in a “civvie” hospital for two years, doing a grad year, then working in ICU, and ED. I completed Officer Training after that, then was sent at short notice to RAAF Base Tindal – in Katherine, NT. This is where the love affair with remote nursing really started but, looking back, I reckon the encouragement began during all my years as an army reserve medic, working in isolated practice, often in a tent, and always in the bush. I was posted to RAAF Base Tindal as a nursing officer from 2006–2009.

I reckon the encouragement began during all my years as an army reserve medic, working in isolated practice, often in a tent, and always in the bush.

As an Air Force nursing officer, I have training in aeromedical evacuation (AME), advanced trauma and resuscitation, leadership and management, aviation nursing, operational health support and disaster management.

On any given day I can be expected to use any of these skills.

My posting to the NT led me to branch out in my advanced clinical practice a little further – I completed my Post Grad Cert in Advanced Practice Nursing – Rural and Remote through USQ, and did my certificate of sexual and reproductive health through Family Planning and Welfare NT.

I spent six months working in the Middle East in support of C130 Hercules operations – providing primary health care in an austere environment, and aeromedical evacuation of battle and non-battle casualties back to Australia.

While in Katherine, I worked at the clinic most days, where daily life was primary health-care focused, with the occasional trauma, and AMEs to Darwin. I also covered activities as diverse as search and rescue operations, the 2006 Katherine Floods, medical support at the Delamere Air Weapons Range (100km south west of Katherine) and the US Marine Corps flying exercise, Southern Frontier.

One of the reasons I joined the military instead of working in civilian practice is the operational side of the job. I spent six months working in the Middle East in support of C130 Hercules operations – providing primary health care in an austere environment, and aeromedical evacuation of battle and non-battle casualties back to Australia. My remote area nursing skills are invaluable in this kind of environment. ▶▶

It all began back in 1996, while I was a nursing student at Sydney Uni...





► The other thing I love about being an Air Force nurse is the variety. In my 15 year career, I have been a medic, health promotions nurse, remote area nurse, officer training instructor, training development officer, women's health nurse, and health centre manager.

My current posting sees me running a small practice on an Air Force base, as part of Joint Health Command.

My current posting sees me running a small practice on an Air Force base, as part of Joint Health Command. This organisation is responsible for all the day-to-day health care of ADF members in Australia – mental health,

health promotion, rehabilitation, primary health care and screening. I have a team of doctors, nurses, allied and mental health professionals who provide health care to a small community (around 500 ADF members) who need to maintain the highest level of health and fitness to do the job they signed up for. I am also responsible for the professional development opportunities for the military staff here, who benefit from clinical placements at the local emergency department. This is a highlight for our registered nurses (including me!) who have gained additional clinical skills and developed vital professional networks outside the ADF.

I love my job. It's a privilege to be part of a service with strong traditions and amazing opportunities, and it's an adventure every day! ●

isolation is not just a remote issue

Sonya Peters swapped remote nursing for a role as health centre coordinator at a suburban co-ed school in Adelaide. And discovered a lot of similarities!

"In remote nursing, you deal with everything walking through the door. And it's the same in many respects working as a nurse in a day cum boarding school," says Sonya Peters. Sonya has been the health centre coordinator at her co-ed school of more than 1500 students for the past six years, after around 20 years working in rural and remote locations.

Sonya describes the week just finished: Nearly 240 schoolkids visited her and she faced everything from handing out band-aids and sympathy, assisting students with chronic illnesses such as diabetes and asthma and dealing with injuries that needed stitches and ice packs.

Her background in fitness, sports training and sexual health all comes in very handy and, with a dual role as school nurse/counsellor, this provides the perfect cover for students who may want or need a chat about a myriad of personal issues. ►►



Left to right: Marcia Hakendorf, CRANApus; Caroline Lenman and Anna Thomson, Prince Alfred College; and Liz Rankin, Tyndale Christian College.



Left to right: Members of the SA Health Professionals Association: Stacey Hedges and Sonya Peters, Pembroke School; Mary Hewett and Jill Ahmed, Wilderness School; and Carey Thompson, Seymour College.



Members of the SA Health Professionals Association.

» Daily visits can be for many reasons: home-sickness, general illness, injury, advice, referrals and rehab. She deals with headaches, cuts, breaks, gluing fingers together... whatever young people do, that might not be good choices!!

"This week we have a virus going through the boarders," she says, "the usual football and other sporting injuries, a sprained wrist and a young man who is not very ecstatic about the world."

The isolation factor is also quite similar with rural and remote nursing, says Sonya. "Working alone can be just as likely in a city as in the Outback," she says, "and you need to be confident in your own practice and abilities."

"Working rural and remote, you generally have access to a second opinion and assistance from other nursing staff and doctors..."

"Working rural and remote, you generally have access to a second opinion and assistance from other nursing staff and doctors," says Sonya.

"You have that here – but at the end of a phone line. There's a great network of school nurses: we all have different backgrounds and different

skills bases, so we can advise and help each other with tricky situations.

"This job is bigger than I expected," she says. "There are more than 1500 students across three campuses, including 120 boarders, who come from around Australia and overseas, plus 180 staff.

"I also have an educational role with the house mothers, who do a fantastic job but perhaps need advise on first aid and simple health matters, and I also arrange blood donor sessions and Immunisations."

It seems that, with Sonya, you can take the nurse out of the Outback – but you can't take the

Outback out of the nurse! During school holidays, Sonya, who worked previously in Coober Pedy, Broken Hill and rural Western Victoria, returns to the Bush to work for the rural locum service.

"Working alone can be just as likely in a city as in the Outback... and you need to be confident in your own practice and abilities."

"Yes. I fell in love with the Outback and love to get back there when I can," Sonya says. ●

REC tribute

FIFO Doctor Susan Evans, who has been practising in rural settings for much of the past 14 years, hopes her fellow rural GPs find the CRANap^{plus} Remote Emergency Care (REC) course on their continuing medical education (CME) radar. Dr Evans, who completed the REC course in June, tells us why:

The REC course really is an extremely worthwhile 'one-stop shop' for emergency upskilling. It deals with all the emergency scenarios, including paediatric care, maternity/labour emergencies, mass casualty events, envenomation and so much more – all the heartsink emergency scenarios you hope to avoid.

The REC course really is an extremely worthwhile 'one-stop shop' for emergency upskilling.

How it manages to do this in 2.5 days in an in-depth manner along with skill stations is quite remarkable. I know of no other similar course in Australasia offering the same breadth of instruction on such a wide variety of clinical situations.

Sticking to first principles (DRSABCD) is forever imprinted in my brain. Of course, I knew all this before I did the course. But for some reason I *really* seem to know it now. The course has gone a long way to defuse the fear surrounding emergency events, which in turn generates confidence. I think it's partly because the lecturers emphasised only a few key points for each topic; this kept things simple and to the point and, importantly, easy to remember. Sometimes the intensive three-day courses on a particular topic are too complex and you come away with your head reeling.



The other element I loved was the practical side of things. For instance, we got fantastic instruction in sizing and applying a cervical hard collar. To be honest, in the past, as the receiving doctor, I usually left this to the paramedic or nurse. Not any more. Also I was brought up-to-date with the latest LMAs and intraosseous needles.

As a FIFO doctor to mine sites as well as working in remote general practice, the course gave me a wonderful 'romp through' the major sources of worry for the sole practitioner. These are of course: the patient who has multi-trauma or burns; is unconscious for whatever reason; or is in cardiac arrest or some other dire

predicament. In each situation, unfortunately, *you*, as the attending practitioner, are *it*. The anxiety generated by the prospect of adequately assessing and managing these patients never entirely fades, no matter how many years of experience you have.

The good humour and warmth characterising the course were also really refreshing. There's no stuffiness or pretence in the bush.

Now, I'm looking forward to doing the advanced REC course.

Dr Susan Evans gives a little insight into her medical career:

For much of the past 14 years, I've been practicing in rural settings, relying on air evacuation for emergency situations. This has been in both NZ where I practised in the far north Hokianga region and in remote Queensland and WA for the last few years where I regularly locum. I lived in Karratha, WA for four years where I was (and still am) a visiting doctor to Pannawonica, a small mining town in the Pilbara. Also I have done three years of regular mine-site work as a FIFO doctor, 1-2 weeks at a time.

In all these roles you are almost always the sole doctor on 24/7 call. However there is usually at least one nurse on call too (sometimes 2 or 3) and often a paramedic as well so you have the advantage of working in a team. I do have huge admiration for the sole nurse

practitioner working by him/herself in the highly remote setting.

I love rural Australia even though I live in New Zealand and commute long hours by air. It's the devil you know I suppose. I reckon as a roving locum I know more about Australia than the average city-dwelling Australian.

The FIFO lifestyle has its drawbacks but when you're on, you're really there, intensively working pretty hard and long hours, but when you're off, you can truly relax.

I like the challenge of rural practice in that you have to see everybody at every level of acuity; it's all too easy to refer on in a metropolitan setting. Also rural locum work usually allows you a bit more time to spend with the patient – you're not trapped in the 15-minute consultation mold. And finally rural people are so welcoming and grateful; it's an honour to be an important member of their community even if it's just for a brief period.

Thankfully true emergency situations are indeed rare. Much of my work is basic general practice which I love. I like to think the reason I seldom have had life-threatening events to deal with is because I either shipped someone out before their problem became acute or commenced treatment which averted their deterioration. Or maybe I've just been lucky. But stuff happens and you are always conscious that a full-blown emergency may be just around the corner. ●



living the dream!

Nancy Weatherford is passionate about remote nursing. Here, she takes us through a typical day as a newly qualified Registered Nurse in the Torres Strait and Northern Peninsula Area Graduate Program.

It's a beautiful yet quiet morning in the seaside town of Bamaga on Cape York. As I walk across the yard towards the hospital, there is a scattering of wild horses feeding on the freshly green grass and birds chirping in the trees. I've just finished my days off, and handover today involves just a handful of patients for me and the Assistant in Nursing (AIN) to care for. But who knows what the day will bring.

During my first year as a Registered Nurse, I will experience nursing in Bamaga, and also Thursday Island and the Outer Islands, and I will rotate through emergency department, ward and primary health care settings.

Bamaga truly feels separate to the rest of Australia. It is home to approximately 800 people, but the hospital services approximately 2500 people from the five communities on Cape York. The nearest hospital, only 30 kilometres away by ferry on Thursday Island, has only basic services and a 30-bed ward. Alternatively, Cairns Base Hospital is approximately 1600 kilometres away, taking around two hours by plane.



Bamaga truly feels separate to the rest of Australia. It is home to approximately 800 people, but the hospital services approximately 2500 people from the five communities on Cape York.

Being remote creates many challenges, including the weather, which can limit retrievals and test the best in their fields. Remote nurses are labelled 'Generalist Specialists', treating and advising as they do on such a wide variety of situations. I have quickly discovered that I will have to put into practice all the skills the classroom has taught me over the past three years but, even so, university can not prepare you for this style of nursing. ►►

» As a new practitioner, I will have to revert to the very basics and begin the process of building an ever-increasing bank of knowledge.

This morning in Bamaga, the medication rounds and showers are completed before the hospital comes alive. Mid morning, the Outpatients Department, run by two doctors and two nurses, opens its doors. Anything from a blister to a cardiac arrest and everything in between could present, without notice.



We assist with visiting specialists, patients with chronic conditions, those who are acutely unwell and those just needing a packet of Panadol.



Also about, are visiting midwives conducting routine assessments and today an x-ray service has arrived from Thursday Island, just for the day.

We assist with visiting specialists, patients with chronic conditions, those who are acutely unwell and those just needing a packet of Panadol. There is no retail pharmacy in these communities, only a nurse-run pharmacy here at Bamaga Hospital,

where anything from an over the counter anti histamine to insulin or antibiotics are dispensed.

Whilst treating diabetes, chronic wounds, scabies, rheumatic heart disease and the like, you can see evidence of the Close the Gap program, and other health promotion actions that are being taken to improve health outcomes for Indigenous populations. »



►► One of the reasons I am so passionate about this style of nursing and this part of Australia is that, whilst you are the ward nurse and the outpatients nurse, you're also the community nurse. This offers a unique relationship with those people you treat.

...a few refreshments
chucked in the esky and
fishing rods at the ready.

It's the end of a busy day: including an admission and a medivac via Royal Flying Doctors Service to Cairns. A huge bonus for a day's work in Bamaga is the downtime afterwards. As the team knocks off, boats are launched, a few refreshments chucked in the esky and fishing rods at the ready. Next minute I'm watching a beautiful sunset over the waters of the Torres Strait, with a bunch of my newest friends.

Why wouldn't you be a remote nurse!...
Living the dream! ●



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

Transition from RN to Remote Area Nursing 2014

ABOUT THE SHORT COURSE

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

2014 DATES AND LOCATIONS

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TBA in Darwin

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22nd September – 10th October in Alice Springs

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For registration enquiries please contact:

Short Course Administration Officer – Centre for Remote Health

E: crh.shortcourse@flinders.edu.au W: <http://www.crh.org.au/>

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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.

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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
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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
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Double page		4,256	7,661	10,853	13,619

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

*Discounts apply to consecutive issues only.
Magazine is printed in A5 format. Other advertising sizes can be negotiated.
Note: Back cover is unavailable until December 2013
Corporate members receive further discount on these rates. Contact memberservices@crana.org.au for further information.

Publication Dates: March, June, September, and December
Submission Dates: First day of February, May, August and November

Rates are in AUD\$ and are inclusive of GST. All artwork to be submitted by close of business on the published deadline date. Full colour ads to be submitted in high resolution PDF format with all fonts embedded and all colours separated into CMYK. ●

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



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



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



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



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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.



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



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



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



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



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



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



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



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



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



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

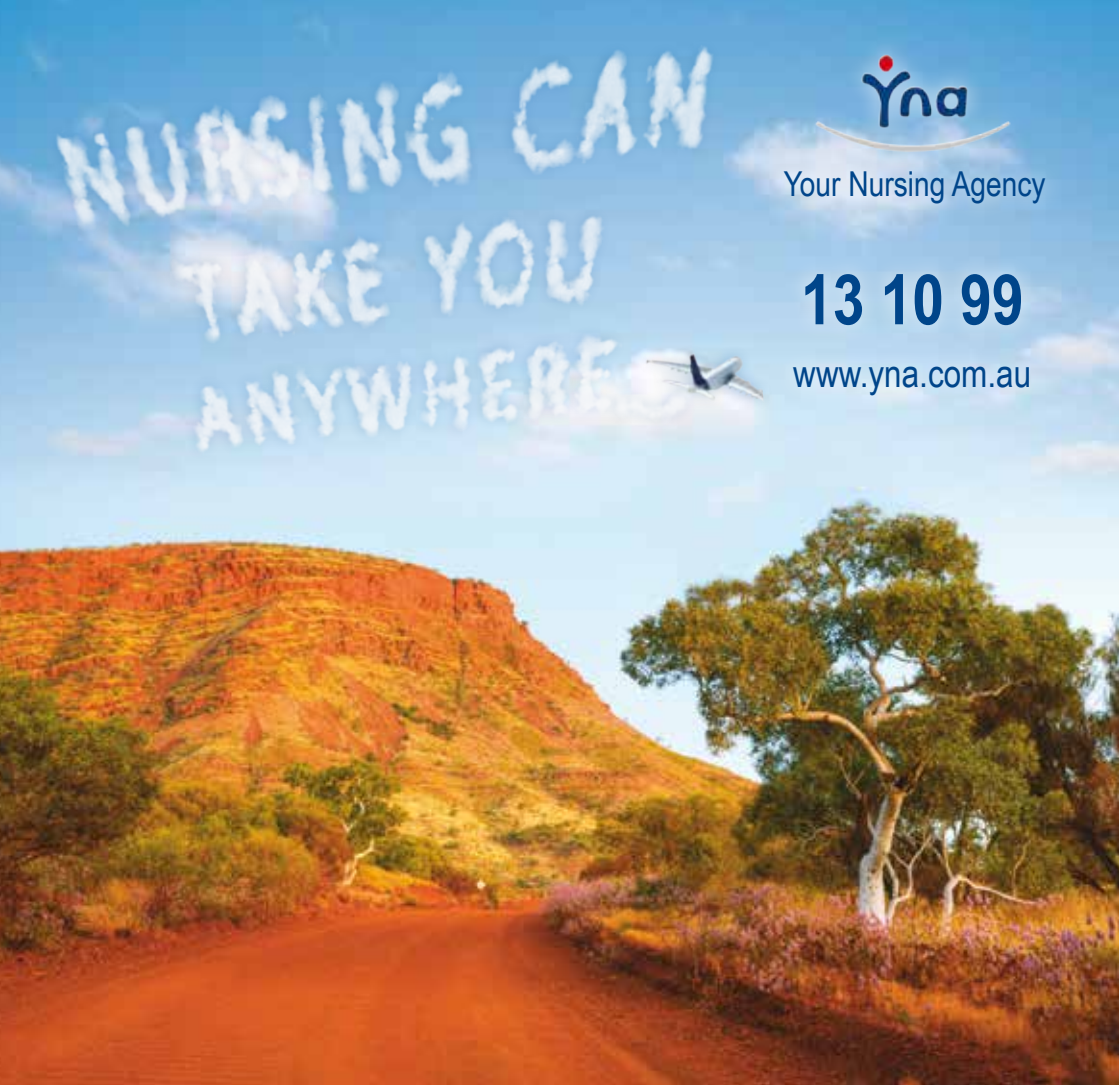


WDNWPT is a non-profit NGO, governed by a committee of indigenous directors from Western Desert communities. Our focus is on holistic care provision to renal clients and their families.



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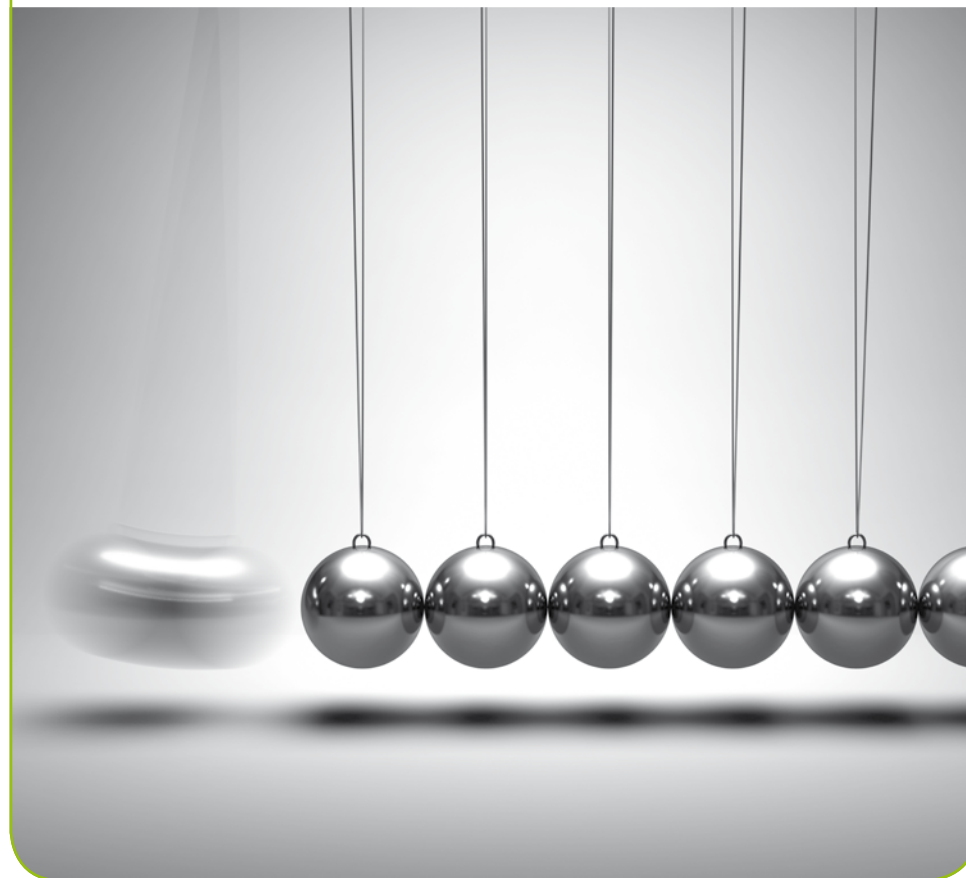
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from the cradle to the grave
challenges facing remote service provision across the life span continuum

CRANA^{plus}

2013
conference
31

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



annual conference

Our three-day conference is launched by the Welcome Ceremony on Wednesday evening 25 September and will be held at The Raft in the forecourt of Double Tree by Hilton. Senior man of the Larrakia Nation Padj Padj Janama (Robert) Mills will give the Welcome to Country and local Aboriginal Dancers *One Mob Different Country* will entertain delegates.

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

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

Sessions cover topics ranging from cultural immersion; barriers to service delivery in both mainland indigenous communities and remote island communities; use of traditional and complementary medicines in a remote aboriginal community; workforce development and resilience and coping working in the bush... to name but a few.



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

In keeping with the relaxed Darwin feel the Conference dinner on Saturday night will be held at the Darwin Sailing Club. You will dine and be entertained to a backdrop of ocean views and balmy breezes.



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

The Aurora Award recognises leadership and outstanding

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

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

from the cradle to the grave

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

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

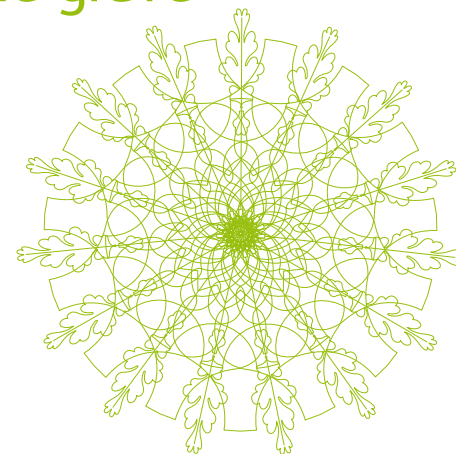
At the CRANAp/plus Conference you are invited to contribute and participate in the creation of our 'Cradle to the Grave' mandala.

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

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

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

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



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

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

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

about the artist:

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

conference program

Wednesday 25 September

12:00 pm	Registration desk opens
4:00 pm	Registration desk closes
6:00 pm	Conference Opening Ceremony (Sponsored by HESTA) at the The Raft cocktail reception area Double Tree by Hilton Welcome to Country by senior man of the Larrakia Nation Padj Robert Mills One Mob Different Country Dance Group Official opening address by The Hon Robyn Lambley MLA Minister for Health, Minister for Alcohol Rehabilitation Presentation of Graduates to the Chief Nursing and Midwifery Officer of the Northern Territory Karen Parish Cocktails and canapés
8:00 pm	Finish



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

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Thursday 26 September

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens Session 1 Chair: Paul Stephenson
9:00 am	Welcome by MC, President / Housekeeping
9:15 am	Keynote address Dr Phillip Nitschke, Director Exit International <i>Voluntary Euthanasia in the Outback</i>
9:45 am	Keynote address Dr Yvonne Luxford, CEO Palliative Care Australia <i>Palliative Care – Everyone's Business</i>
10:15 am	Keynote address Dr Peter Saul, Former Head of Discipline for Medical Ethics at Newcastle University
10:45 am	Panel discussion
11:00 am	Morning tea (30 mins) Session 2: Maternity/Child Chair: Paul Stephenson
11:30 am	Mark Holmes <i>Winging it: Case studies of midwifery partnership 'with woman' in aeromedical care</i>
11:50 am	Linda Garton <i>Use of quality improvement strategies to address endemic rates of STI in remote primary health care services</i>
12:10 pm	Jenny Blake <i>Peeling back the layers – Barriers to service delivery with Indigenous families</i>
12:30 pm	Prof Sue Kildea, Fleur Magick-Dennis and Dr Helen Stapleton <i>Rising to the 'Birthing on Country' challenge: getting the year before and the year after birth 'Right' in remote communities</i>
12:50 pm	Questions
1:00pm	Lunch (60 mins) Session 3 Chair: Christopher Cliffe
2:00 pm	Rod Cooke <i>An End to Band Aiding: The Case for Workforce Development</i>
2:20 pm	Janie Smith <i>Cultural Immersion: What impact does it have in an undergraduate medical program?</i>
2:40 pm	Ben Crough <i>A presentation on research into remote pharmacy care, technologies and patient compliance from a practicum in remote Australia</i>
3:00 pm	Robyn Williams <i>Preparation for practice in rural and remote health</i>
	Questions
3:30 pm	Afternoon tea (30 mins) Session 4 Chair: Christopher Cliffe
4:00 pm	Awards Presentation
4:15 pm	Sabina Knight <i>From none to plenty – Inter-professional, student assisted clinics: a solution for neurological rehab in remote Queensland?</i>
4:35 pm	Laurie Bickhoff <i>Social Media and Patient Privacy – Where's the line?</i>
	Questions
5:00 pm	Wrap up and close

Friday 27 September

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens
	Session 5 Chair: Dr Nick Williams
9:00 am	Welcome / Housekeeping
9:05 am	Invited speaker Mary Anne Williams <i>Aboriginal Community Controlled Health Organisations... celebrating recent effective programs in SA</i>
09:35 am	Invited speaker Michael O'Halloran <i>Engaging young people in a community setting – a strengths-based approach – lessons learnt from the field</i>
10:05 am	Carol Mudford <i>Mittagundi Outdoor Education Centre: discussing staff support strategies to enable the delivery of programs that empower adolescent wellbeing in a remote alpine setting</i>
10:25 am	Tess Opie <i>Resilient nurses cope better in the bush: A comparison between hospital-based nurses and nurses working in very remote Australia</i>
10:45 am	Questions
11:00 am	Morning tea (30 mins)
	Session 6 Chair: Dr Nick Williams
11:30 am	Invited speaker Karen Glaetzer <i>One family's palliative care journey: A story of loss</i>
12:00 pm	Christine Foletti and Yakin Capstan (Nek Qus) <i>Ageing and dying on the Cocos-Keeling Islands</i>
12:25 pm	Kylie McCullough <i>Remote Area Nurse Practitioners: developing a scope of practice defined by community need across the lifespan</i>
12:45 pm	Questions
1:00 pm	Lunch (60 mins)
	Session 7 Chair: Kathryn Zeitz
2:00 pm	Invited speaker Simon Bryant
2:30 pm	Janelle Trees and Vivian Casey <i>Using Traditional and Complementary Medicines in a Remote Aboriginal Community</i>
2:50 pm	Graham Sattler <i>Partnerships: Music participation & Mental Health</i>
3:20 pm	Questions
3:30 pm	Afternoon tea (30 mins)
	Session 8 Chair: Kathryn Zeitz
4:00 pm	Awards Presentation
4:15 pm	Melissa Childs and Caitlin Ashwin <i>Use of longitudinal rural immersion placement programs to promote Nursing Student interest in a future rural career</i>
4:30 pm	Kim Izod <i>How to make a great remote student placement</i>
4:45 pm	Natalie Kew and Carol Mudford <i>Mental health first aid: enabling students to self-care, developing a future workforce that is mental health literate and resilient</i>
5:00 pm	Wrap up and close

Saturday 28 September

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens
	Session 9 Chair: John Wright
9:00 am	Welcome / Housekeeping
9:05 am	Invited speaker Rachael Uebergang and Anna Davis <i>Workplace bullying is about you: especially if you are a manager</i>
9:35 am	Regan Smith <i>LGBTI Mental Health: Outcomes and Education in Regional, Rural Remote Western Australia</i>
9:55 am	Fiona Wake <i>RAHC Clinical Educators – they're beside you!</i>
10:15 am	Questions
10:30 am	Morning tea (30 mins)
	Session 10 Chair: John Wright
11:00 am	Jacki Ward <i>Kid's Ears: do you know what you are looking at?</i>
11:20 am	Kel Foran <i>Pluggin' the holes of healthcare</i>
11:40 am	Timothy Skinner, Isabelle Ellis, Colleen Cheek and Linda Jaffray <i>Cost and Impact of Health Related Travel to a Remote Island Community</i>
12:00 pm	Sabina Knight <i>Raising the Dust on Quad Bike Safety: preventing serious injury and death</i>
12:20 pm	Questions
12:30 pm	Lunch (60 mins)
1:30 pm	CRANApplus Spotlight
2:30 pm	Afternoon tea (30 mins)
3:00 pm	AGM
4:00 pm	AGM finishes
7:00 pm	Annual CRANApplus Award Dinner – MC Janie Smith



This Activity has been endorsed by APEC number: 050620121 as authorised by Royal College of Nursing, Australia according to approved criteria. Contact hours: 14 CNE points.

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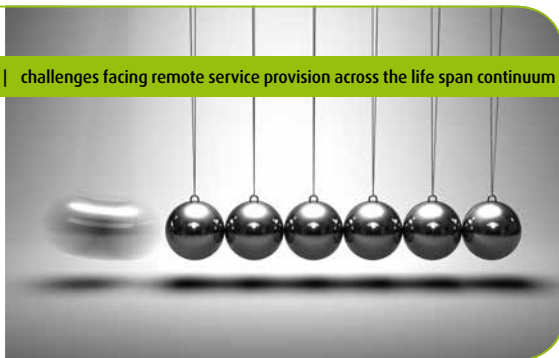


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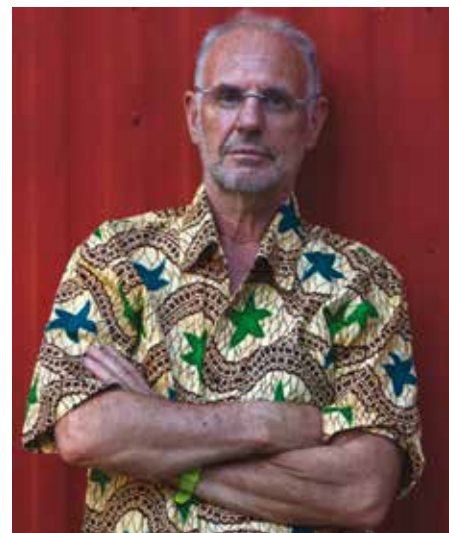
from the cradle to the grave

challenges facing remote service provision across the life span continuum

CRANAplus
2013
conference
31
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. ●



Peter Saul – Doctor, Intensive Care Specialist

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

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

He is passionate about improving the ways we die.

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

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



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

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

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

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

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

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. ●



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. ●



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. ●



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. ●

welcome ceremony



**Padj Padj, Janama
(Robert) Mills**

I was born Larrakia, Kungarakana, Mayali, Yangman, Jawoyn, Gurrinji (tribal language groups of Northern Australia).

As an Aboriginal, I

inherit the culture of all four of my grandparents. This determined my 'Pombah' which means track or path that I was to walk in life. You are expected to learn about your grand parents culture to help you make sense of yourself and why you feel and act the way you do.

One of my grandfathers who was a Malak Malak/Kungarakana man who can only be referred to as Ngirawat (name withheld for

cultural reasons) had a profound effect on me. I remember he walked from Darwin to Alice Springs and back at least twice during his lifetime. I heard that he had learnt many languages and ceremonies along the way and was held in great esteem by the other Aboriginal groups he interacted with on these journeys.

My grandfather was referred to as a magic or 'clever' man by other Aboriginal people. He taught me the importance of learning about your roots and never forgetting your people's language and culture.

I was born into culture and my responsibilities began when I was a child. This meant learning language, songs and stories associated with country as well as the universe.

Peace, love and understanding for all humankind is what I desire most. ●



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

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

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

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

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

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

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

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

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

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

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

presentation of graduates



Karen Parish was appointed to the role of Chief Nursing and Midwifery Officer with the Northern Territory Department of Health in July 2012.

The experienced nursing leader made the move north from the ACT after farewelling her colleagues at Calvary Public Hospital where she was Director of Nursing and Midwifery.



As well as her roles in the NT and the ACT, Karen has held senior positions in a range of health organisations in South Australia including Director of Extended Care and Nursing at Julia Farr Services; Director of Nursing and Patient Services at the Repatriation General Hospital and Executive Director of Nursing and Midwifery at Southern Adelaide Health Services.

Before leaving SA, Karen undertook the role of Executive Director of Nursing and Midwifery for the Adelaide Health Service, encompassing seven public teaching hospitals, two rehabilitation hospitals, Community Health, Mental Health and Prisoner Health.

Karen has a keen interest in further education, having undertaken a range of post graduate courses at Flinders University and Adelaide University, including a Masters of Nursing Studies.

End of life care has been a focus of her research, with the majority of her publications examining the quality of end of life care in the acute setting and the care trajectory of elderly patients in the acute setting. Karen also used her knowledge and experience in relation to aged care in her previous appointment as co-chair of the Older Persons Clinical Network in SA.

Another area of interest is Quality and Safety, which she developed as a surveyor with the Australian Council on Health Care Standards, and which forms a key element of her current role in the NT.

Karen is excited to have the opportunity to take up the inaugural Chief Nursing and Midwifery Officer position for NT Department of Health, as the role has been redeveloped from a previous senior nursing role. The new role reports directly to the department's Chief Executive and together with the new Chief Medical Officer position, has the responsibility for professional clinical matters, advice on clinical services reform and quality and safety. ●



registration costs

	Member	Non-Member
Full Conference Package 25-28 September 2013 (includes Opening and Networking Function, all Paper Sessions and Official Conference Dinner)	\$700	\$900
Student/Retiree Concessional Full Package (fulltime UNDERGRADUATE students only)	\$400	\$450
Single Day Pass Thursday, Friday or Saturday (Paper Sessions only)	\$300	\$400
Opening Ceremony and Networking Function Wednesday 25 September 2013 (Day Pass delegates and/or additional guests only)	\$80	\$85
Conference Dinner Saturday 28 September 2013 (Day Pass delegates and/or additional guests only)	\$120.00	

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



educate

working remote – learning remote

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

These are the benefits listed by participants after using the CRANAp/plus eRemote educational platform.

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

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

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

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

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

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

Stay tuned to the Friday Newsletters for weekly specials concerning eRemote

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



Photo: Alison Fort.

testimonials:

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

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

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

ALS program:

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

IVC module:

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

primary clinical care manual 8th edition 2013

...essential tool for best practice health care in rural and remote health care services.

The Primary Clinical Care Manual (PCCM) is the result of a successful partnership between Queensland Health and the Royal Flying Doctor Service (Queensland Section).

The Primary Clinical Care Manual contains evidence based clinical care guidelines and Health Management Protocols for 315 presentation types customised to the practice of rural and remote settings.

It is reviewed and updated every 2 years following the principles set out by the National Health and Medical Research Council *A guide to the development, implementation and evaluation of clinical practice guidelines 1999*.

The Primary Clinical Care Manual 8th edition 2013 is the principal clinical reference and policy document for health professionals working in rural and remote Queensland.

It is also used in NSW, Victoria, Australian Defence Force (Army, Navy and Air Force whist in Australian and on deployment overseas), Aboriginal Medical Services

The Primary Clinical Care Manual 8th edition 2013 promotes and supports compliance with the Queensland *Health (Drugs and Poisons) Regulations 1996*.

The Primary Clinical Care Manual is the key resource for Scheduled Medicine Endorsed Rural and Isolated Practice Registered Nurse (RIPRN) course. On successful completion of a nine month course Registered Nurses can apply to the Nursing and Midwifery Board of Australia for endorsement as a scheduled medicines (rural and isolated practice) nurse.

These three components – **legislation** – Queensland *Health (Drugs and Poisons) Regulations 1996*, **evidenced based clinical guidelines** – Primary Clinical Care Manual and Nationally recognised **rural and isolated practice course** (RIPRN) form the basis of quality and safe care to people living in rural and remote Queensland.

The Primary Clinical Care Manual

- Meets National Safety and Quality Health Service Standards
- Provides clinical governance for standardised clinical practice
- Provides clear pathways of escalation
- Includes recognition and management of the deteriorating patient
- Clearly sets out the boundaries/scope of practice for individual health care providers
- Describes minimum level of information required at clinical handover
- Describes the interdisciplinary and inter-service responsibilities
- Acute care and immediate follow-up
- Compliant with legislated levels of authority for the management of medication

The Primary Clinical Care Manual 8th edition 2013 is published in an A4 folder designed for facility use, A5 book for individual use and electronically at <http://www.health.qld.gov.au/pccm/default.asp>

Copies can be purchased at:
<http://www.health.qld.gov.au/pccm/default.asp> or email pccm@health.qld.gov.au

For more information on the RIPRN course contact Susan Muirhead at:
susan_muirhead@health.qld.gov.au or
07 42263017 ●

Primary Clinical Care Manual 8th Edition 2013




Royal Flying Doctor Service
QUEENSLAND SECTION


Queensland
Government

RELEASED SOON

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 CRANApus 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 CRANApus 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.

CRANApus course

REC (Remote Emergency Care)

Endorsed by RCNA
(Royal College of Nursing Australia)

MEC (Maternity Emergency Care)

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

AREC (Advanced Remote Emergency Care)

Endorsed by RCNA, accredited by ACRRM

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

MIDUS (Midwifery Up Skilling)

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

ALS (Advanced Life Support)

Endorsed by RCNA, accredited by ACRRM

PLS (Paediatric Life Support)

Endorsed by RCNA, accredited by ACRRM

APLS (Advanced Paediatric Life Support)

Endorsed by RCNA, accredited by ACRRM



Photo: George Fort.



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.

student MEC report

The recent student Maternity Emergency Care (MEC) course in Adelaide, attended by 20 participants from WA, NSW, Victoria and SA, was “a fantastic experience for all,” says Carol Mudford, Senior Nursing and Midwifery Portfolio Representative on the National Rural Health Student Network (NRHSN).

Carol, Co-President, Multidisciplinary Albury Rural Health Society, CSU Albury, praised the efforts of the three Adelaide student clubs that hosted the course: Adelaide University Rural Health Alliance (AURHA), Rural Outlook for University Students Towards Allied Health (ROUSTA) and Flinders University Rural Health Society (FURHS).

Nursing students from the three groups organised the logistics of the event (catering, budget, accommodation etc), while funding from the NRHSN supported the travel costs of interstate students to attend the course.

“The organisation of the course was coordinated by the Nursing and Midwifery Portfolio (NaMP) of the NRHSN, but it really could not have gone ahead without the work of those three student groups...”



Student MEC Coordinators Michelle and Glenda.



“The organisation of the course was coordinated by the Nursing and Midwifery Portfolio (NaMP) of the NRHSN, but it really could not have gone ahead without the work of those three student groups,” Carol said.

“After advertising through the NRHSN network, we had heaps of applications and the selection committee had a tough time narrowing it down to 20 places. All the students had an interest and passion for remote health, many already with a range of remote experiences under their belts.

“The course was a fantastic experience for all; lots of fun and learning was had by all.

“We made wonderful friendships to hopefully continue throughout our future careers, and we now have a healthy respect for all mothers, children, and their birthing supports!

“Nursing students of the NRHSN are so grateful to have the opportunity to share these courses. Thank you CRANAplus!” ►►

► CRANAp^{plus} has responded positively to strong lobbying from the National Rural Health Student Network (NRHSN) for members to have the chance to benefit from our educational courses.

The outcome is that two courses a year are being provided for students (a Remote Emergency Care course and a Maternity Emergency Care course).

The criteria is that the students must be in their third and final year of study and be a current member of a NRHSN Club. There are currently 29 university clubs in the network.

The selection process and organisation of the courses is the responsibility of the local sponsoring Rural Health Club. ●



Student MEC participants.



Back row (left to right): Alice Corbyn, Laura Mitchell, Nicholas Petrakis, Caitlin Ashwin.
Front row (left to right): Rosemary Ryan, Carol Mudford.

expected growth in courses



Anne-Marie McNamara (Anniemac to many of you in CRANaplus) has hit the ground running as the organisation's first Logistics Officer/Coordinator.

After seven years as a volunteer facilitator for the CRANaplus Remote Emergency Care (REC)

courses, Registered Nurse Anniemac is thrilled to be taking on more responsibilities and a greater behind-the-scenes role in course delivery.

Her position of Logistics Officer/Coordinator has been created to deal with the extraordinary growth in the number of courses that CRANaplus now delivers and the expected growth next year.

And Anniemac, who had already been involved, before her appointment, in trialling a new Aboriginal and Torres Strait Islander Health Professional (ATSIHP) REC course that was specially modified to incorporate a First Aid component, has a strong passion and many ideas for the future.

"It would be great to see health service managers and educators assist in encouraging continuing education for all health workers and ATSIHPs in particular," she said.

"Unfortunately, the number of ATSIHPs is declining – and I'd like to see everyone involved helping reverse that trend."

Anniemac became a volunteer facilitator for CRANaplus after undertaking the REC course as a student. "I was so impressed with the standard of the training," she said. "It was the most thorough course for emergency health workers I have come across."

"A couple of years later I became one of the volunteer facilitators for the course and I've never looked back.

"Over the past seven years, I've facilitated many courses while working as either a Registered Nurse or as an ambulance officer/paramedic in NSW. And, every time, I've learned something myself.

"I've also seen some amazing country and I've worked with a very professional mob of people."

"It would be great to see health service managers and educators assist in encouraging continuing education for all health workers and ATSIHPs in particular."

CRANaplus is the only organisation that is prepared to go to really remote locations, Anniemac said.

The specially modified ATSIHP course in Derby which Anniemac helped facilitate was specifically designed for ATSIHPs, including Aboriginal Liaison Officers (ALOs), who are not necessarily involved in first line emergency care, but are employed in various capacities in their organisation which may require them to assist in an emergency.

"Everyone learned from each other and learned about each others' roles," Anniemac said. "It was a great combination."

"A major feature of CRANaplus courses is that each one is tweaked, after discussions with the health service providers involved, to make sure each course meets the needs of the participants." ●

POSTGRADUATE COURSES IN REMOTE HEALTH

Flinders University

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

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

For further information
contact the Student Administrator

Ph: (08) 8951 4790

**Email: crh.studentadmin@flinders.edu.au
www.crh.org.au**

Applications open **August 5th 2013**



credentialling

Meeting the Professional Standards for Remote Practice: Credentialling Pilot Program

In June this year 4 RAN/Ms were participants in the Credentialling Pilot Program, successfully demonstrated their knowledge, skills and attributes in meeting the Professional Standards for Remote Practice.

Congratulations!! Sharon Gibbard, Owen Brown, Stephen Farrington and Rachael Hunter. Their commitment, tenacity and demonstrated capabilities in meeting these Professional Standards, is a reflection of excellence in remote nursing practice.

Here they describe their experiences and insights and what they have gained by participating in the Credentialling pilot program.



Sharon Gibbard working for Remote Area Health Corps (RAHC) at various locations across remote Australia (NT) has this to say about her experience and what she gained by participating in the program:

I am very pleased to be one of the first successful participants in the CRANaplus credentialling pilot program for Remote Area Nurses. I believe it provides formal recognition of our profession and will aid in ensuring standards of practice and continued education are met.

Completing this application was lengthy and I hope by being part of this pilot, I have provided information which can assist in making the process more widely understood.



Rachael Hunter who is employed by Oz Minerals at Prominent Hill in SA mining site says:

I am very fortunate to have taken part in the credentialling pilot program for Remote Area Nurses. The process

of addressing the professional standards was both a positive and challenging experience. It required me to reflect on all of my experiences working as a remote area nurse, which helped me realise all of the skills and knowledge that I have acquired during this time.

What does this mean to me? Whilst I can now take great pride in knowing that all my hard work keeping my skills and knowledge up to date means I now know that I have reached professional standard of competence and practice recognised for remote and isolated practice, my employer can also be confident in my abilities.

Owen Brown employed by Royal Flying Doctors Service SE Operations – is based at Moomba Basin, SA point outs that:

Prior to being asked to participate in the RAN credentialling process I had never really looked at the scope and nature of the work I had been doing for over a decade. In agreeing to do so it brought into focus the diverse and vast range of skills that all RAN's develop over time.

The credentialling program should in time help define and quantify and acknowledge the vast reservoir of knowledge and skills that RAN's possess.

The process highlighted to me that the Whole RAN is greater than the sum of the parts as defined in the criteria for a RAN to be credentialed.



Stephen Farrington, Nurse Practitioner – Remote Health works at Burringurrah Clinic, Western Australian Country Health Service (WACHS) says:

Credentialling is important for nurses as it demonstrates an acceptance of individual nurses practising according to set standards and doing so with excellence. Being validated by CRANaplus is to me an acknowledgement that the time I have put into remote area clinics is appreciated and acknowledged by champions and leaders in the field of Remote Area Nursing, and indeed remote health within Australia.

To say I am honored by this recognition does not really express how I feel with a mixture of

humble feelings that lead me into wanting to do more and do it better, and elation at being successful in what I consider to be the principle of my remote area nursing experience that makes me want to advocate for all Remote Area Nurses who have the qualifications and dedication to pursue this important professional goal.

I hope to live up to the honor and continue to practice with excellence and according to the quality standards set out by CRANaplus and I hope to maintain my certificate to the end of my remote area nursing career.

Marcia Hakendorf
Project Officer, National Standards & Credentialling Project ●



advocate

advocating change

The past few months have been very busy for CRANAP_{plus}, negotiating funding agreements and representing the rural and remote health sector on numerous committees.

One of the most important of representations at the moment is our involvement in the Technical Working Group, looking at changes to the way locational classifications are determined.

In other words, the group is looking at where we draw the line around remote, very remote and rural locations (now labeled 1–5). The group was set up in response to the Mason report's recommendation that the current system be changed to reflect factors other than simple geography.

This is a very important issue for CRANAP_{plus} as we have been advocating change for years, saying that there are a number of indices that should determine remoteness including professional isolation and support systems.



Geography itself is a poor indicator and can be distorted, as distance based on a line on a map often gives a very inaccurate picture.

For example, Bruny Island in Tasmania, by a simple geographic determination, is currently classified in the Urban, Hobart zone.



But there happens to be an ocean in the middle, no resident GP, and no way of getting to the mainland when the ferry stops at 7pm.

There are countless examples of places where distance is a very difficult measure and local knowledge raises the folly of the current system.

...there are a number of indices that should determine remoteness including professional isolation and support systems. Geography itself is a poor indicator and can be distorted...

The determination of remoteness has a big impact on the lives of health professionals. It determines scope of practice, care models, employer type, professional assistance, taxation levels and pay rates, just to name a few.

The level of remoteness, impacts on staffing levels, backfill and access to CPD, and there are many grey areas in the current RA-2 system that impact on the local facility's ability to attract and retain staff in the Bush. ►►

►► CRANAp^{plus} is a major player in the remote health sector. In terms of decision-making for overall health policy, we are one voice in a very large group, and, significantly, the only voice with a sole focus on remote.

This presents a unique and sometimes difficult situation for us. Other groups and organisations often have a mixed constituency and limited knowledge of the specific rural and remote sector, but they share allegiances with other similar organisations. This means we are pretty much alone in these forums, making it even more important that we be present. So we continue to advocate on your behalf.

We enjoy being involved in this work but it needs to be said that the term “advocacy” means so many things to so many people. Most people think it simply means lobbying various entities, like Governments, to get what you or your organisation wants.

Well there is some truth in that, but it is much more. And, believe it or not, it has an important impact on your lives and on those you deal with.

Certainly advocacy is lobbying. It is also representing you and all of us in a number of forums and on a number of committees, roundtables expert reference groups and the like.

But it is also networking, talking to people about what you do and who you deal with. It is about making new contacts and new friends.

It is representing you, your profession and CRANAp^{plus}, your organisation.

That is why we take our role to represent the rural and remote health sector so very seriously. We are, for the most part, seen through your eyes. If you talk about us in a positive way and people see that you are happy with us as one of your professional bodies, then they are more likely to join. You are our greatest advocate as we are yours.

We enjoy being involved in this work but it needs to be said that the term “advocacy” means so many things to so many people. Most people think it simply means lobbying various entities, like Governments, to get what you or your organisation wants.

Hopefully we will all continue as advocates for our organisation, for remote health and for improved outcomes for the people we serve.

Carole Taylor
CEO, CRANAp^{plus} ●

professional activity

Geri Malone, Professional Development Manager, outlines activities in the past few months.

ANMAC Midwifery Standards forums

The Australian Nursing & Midwifery Accreditation Council has begun the review of the Midwifery Accreditation Standards. A consultation paper is available on the ANMAC website at <http://www.anmac.org.au/midwifery-accreditation-standards> providing information about the review and how you can provide feedback. There are opportunities for verbal feedback at several forums being held around the country from mid August until December.

ACM R&R sub-committee

I am representing CRANAp^{plus} on the new 14-member Australian College of Midwives' Rural and Remote Advisory Committee. This committee will provide advice to the National Board of Directors on matters that affect midwives and women living and working in rural and remote communities. The Committee works to assist the College to make informed decisions and undertake effective advocacy in relation to rural and remote maternity care. Any issues that arise and require feedback will be circulated through our membership networks.

NRHSN 'Next Gen' Conference

The National Rural Health Student Network held their annual event in Canberra 16–18th August.

The focus of this conference was leadership for the next generation of rural health professionals, and was attended by 120 medical, nursing and allied health students.

Libby Bowell and myself ran a workshop on “Preparing for remote practice” which focused on stimulating discussion amongst the student group on the factors that need to be considered.

Standards/credentialing project

The National Standards & Credentialing project, under the project management of Marcia Hakendorf, is reaching a conclusion with the final report due to DOHA in October.

The final recommendations arising from the project will be presented to the CRANAp^{plus} Board for consideration and we hope to be able to report by the end of the year. ►►



► It has been an enormous body of work and we would like to thank all of those people who have responded to calls for information and feedback. The response has been very encouraging and identifies some exciting opportunities.

HWA Nursing strategy recruitment and retention

Many of you will have been involved in the extensive consultation forums that were initiated under the HWA's Health workforce 2025, which provided the alarming predicted shortfall, medium and long term, of the nursing workforce.

As a follow-on, HWA has been conducting a nursing retention & productivity study which resulted in more consultations and broad discussion in the nursing world.

The focus is to make better use of our existing nursing workforce though productivity and retention, whilst of course ensuring still enough

new graduates coming through. The final result of this study will be released late this year.

Student MEC

The Education team ran another very successful Student MEC course in August this year. (See the report in this issue.) I was lucky enough to be a facilitator as it is always a delight to be involved in these courses.

Twenty very keen third-year and final-year students participated from universities across Australia, and all demonstrated interest in rural health through being involved in NRHSN clubs. Whilst the enormity of the information they received might have been overwhelming at times, they embraced the information and the skill stations with great enthusiasm and eagerness to learn. I am sure there will be a few midwives for the future.

Geri Malone
National Coordinator of Professional Services
CRANaplus ●

election 2013: rating the parties on climate and health

The Climate and Health Alliance has released its federal election scorecard evaluating the responses of political parties on policies to address climate change and health.

The Climate and Health Alliance scored six political parties on their policies for climate change using the results of a survey on its key policy priorities: strong emissions reduction

strategies to reduce risks to health from climate change, and developing a national plan to tackle climate change and health and wellbeing.

CAHA Convenor Fiona Armstrong said the scorecard revealed there is a distinct lack of insight into the implications of climate change for the health and wellbeing of the population among most political parties.

"Climate change poses serious risks to the health of the Australian community. The international medical journal, *The Lancet*, has described climate change as the biggest threat to global public health this century. And yet, despite mounting evidence, many political parties appear unaware of these risks and continue

to be unwilling to commit to the urgent action required to mitigate climate change and adapt to the threats already posed."

CAHA President Dr Liz Hanna said: "Absence of genuine emissions reduction commitments will lock us into a world of four degrees or more warming. This will be disastrous for human health and wellbeing," said.

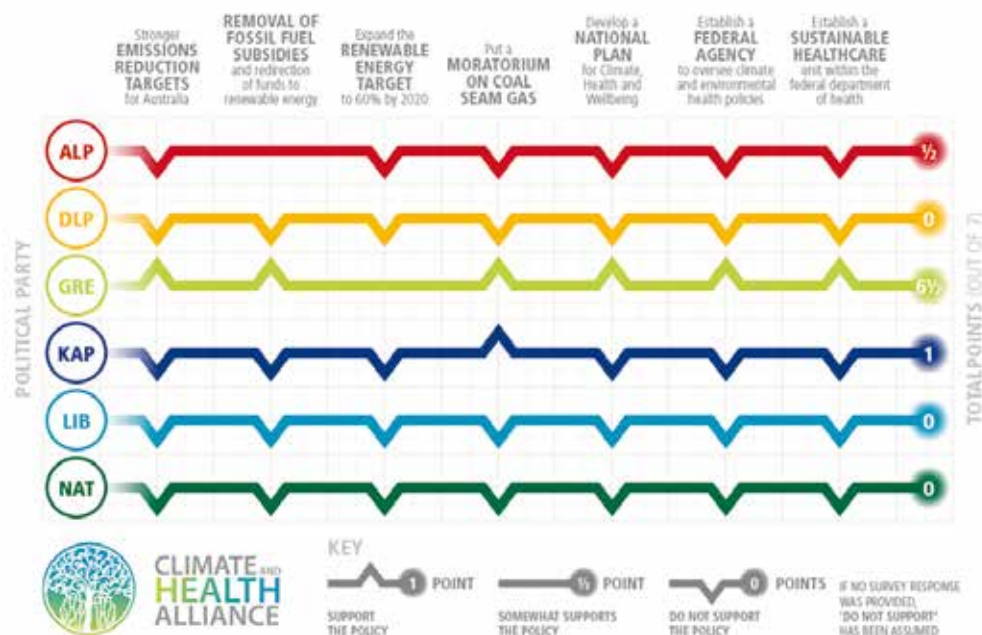
Other nations are moving on climate change and health policies, with a *Climate Change*

Health Protection and Promotion Bill introduced into the US Congress House of Representatives in May this year.

The Climate and Health Alliance is urging all Australian political parties to give climate change, and its impacts on health, the attention it needs.

"All Australians concerned about the impacts of climate change on health should use these results in discussions with their local candidates, and when they vote on 7 September," Ms Armstrong said. ●

Climate change is a major threat to the health of people in Australia and around the world, but which political parties support policies to protect health from climate change? We analysed the policies of the main political parties in Australia – and here are the results.



Vote for good health and a safe climate at this year's federal election. Find out more at www.caha.org.au/campaigns/federal-election-2013
Want to see Australia develop a National Plan for Climate and Health? Send a letter to your MP today: www.climateandhealth.good.do



rural health took centre stage when the NextGen visited canberra

The future of rural health was the focus when 120 university health students arrived in Canberra for the National Rural Health Students Network's (NRHSN) inaugural NextGen Conference: *Leading the Future of Rural Health*, 15-17 August.

Health students heard from speakers including Indigenous health campaigner Professor Mick Adams, mental health advocate Alison Fairleigh, health architect Paul Pholeros and Professor Sabina Knight, from the Mt Isa Centre for Rural and Remote Health.

Professional development skills workshops included a remote practice session run by CRANaplus, media and advocacy with Dr Sue Page, teamwork and public speaking.

Networking opportunities with other health students from across Australia, health professionals and representatives from health professional organisations and colleges were also on the agenda at NextGen. It was great to see so many members of the rural health community coming together to share their insights with NRHSN health student members.

Student delegates were selected from the 29 university Rural Health Clubs that belong to the NRHSN.

The conference helped to inspire the future leaders of rural health and provide the ultimate environment for students to network with colleagues from different health disciplines throughout Australia and to learn from some of Australia's leaders in rural health.



Libby Bowell and Geri Malone from CRANaplus with medical students Steph opt Hoog (Monash University) and Claire Powell (University of New South Wales) at the NRHSN NextGen Conference.



Rural health stalwart Sabina Knight surrounded by students at NextGen. Amongst other things, Sabina's been a remote area nurse, helped establish the National Rural Health Alliance and now heads up the Mt Isa Centre for Rural and Remote Health.

The NRHSN wishes to thank the following supporters for their commitment to NextGen: CRANaplus, the National Rural Health Alliance (NRHA), the Australian College of Rural and Remote Medicine (ACRRM), the National Rural Faculty of the RACGP, Services for Australian Rural and Remote Allied Health (SARRAH) and the Rural Health Education Foundation (RHEF).

The conference helped to inspire the future leaders of rural health and provide the ultimate environment for students to network with colleagues from different health disciplines throughout Australia...

These organisations, working together with the NRHSN and Rural Health Workforce Australia (RHWA) and its network of not-for-profit state and territory Rural Workforce Agencies, are

dedicated to helping the next generation become future leaders of rural health.

Katherine Humphreys, 2013 NRHSN Co-Chair, Dan Faux, 2013 NRHSN Co-Chair & 2013 NRHSN Secretary Jillian Ferrell

Health students immerse themselves in remote training

The NRHSN Nursing and Midwifery Portfolio and three South Australian NRHSN Rural Health Clubs worked with CRANaplus to host the CRANaplus Maternity Emergency Care (MEC) course in Adelaide in July. Twenty final year nursing students from across the country gathered in Adelaide for three days of eye-opening learning with wonderful CRANaplus facilitators. The NRHSN health student members were able to learn about managing first line emergency care to women in labour and immediately following child birth to help better prepare them for remote health practice.

Carol Mudford, 2013 NRHSN Nursing and Midwifery Portfolio Senior Representative ●



support

reaching a crescendo!

After months of individual singing lessons via video-conferencing, the ground-breaking CRANAp^{plus} choir members are at last going to sing together!

The Sing for Your Life project, a collaboration between CRANAp^{plus} Bush Support Services and choral, orchestral and music theatre conductor Graham Sattler, is about to reach a crescendo!

The 14-member CRANAp^{plus} choir will perform at the Conference dinner in Darwin, after finally meeting face-to-face.

Look out for perhaps a bit of Carole King and John Lennon and maybe an Aussie tune.

There will be some singing in unison, some four-part harmonies, some accompanied singing and some unaccompanied singing... and audience participation is also on the cards!

"The Sing for Your Life project all started with a conversation between Bush Support

Services Annmaree Wilson and myself, after a presentation I gave last year at the NSW Rural and Remote Mental Health Conference in Bathurst," says Graham. "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.

"Annmaree was convinced that there was value in adding some sort of music activity to the service's resources..."

"We had absolutely no idea how popular the project would be. It's quite a commitment," says Graham.

"It was easy for me to know and be confident about the benefits of singing, and group singing in particular. It was a bit of an unknown how it would be received outside my world.

"...we've connected whenever possible, mostly individually and sometimes in pairs..."

"We were really pleased with the response.

"We have a terrific cross section of people: some have singing experience, some are musicians; some are new to public performance, others have previously performed live. And a couple have even said that, under other circumstances they would have liked to have been professional singers, but perhaps didn't have the confidence or the support to follow that path.

"We've overcome time challenges and technical challenges: we've connected whenever possible, mostly individually and sometimes in pairs.

"By the time we get to Darwin, each participant will have had 12 lessons – weekly or fortnightly, depending on circumstances – comprising tailored singing technique and vocal hygiene instruction as well as learning the vocal parts for our repertoire."

In terms of advocacy for arts health, Graham already has hopes to not only continue but also expand the project.

"It would be good to continue with the same people and attract more participants," says Graham, "so we're looking at funding options.

"As an activity, it's clear this is a success in terms of being yet another support outlet for remote health workers, and it's also a learning opportunity." ►►



» Graham Sattler gives the lowdown on the benefits of singing:

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 (*Musophilia*), research findings around music, neuroplasticity and mental health have crept into commercial media awareness through international bestseller lists, talkback radio and newspapers and magazines.

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

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.

Research from several international universities including the University of London, Canterbury Christchurch University, the University of California and Macquarie University show 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.



Contributor details:

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 (sociocultural 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, West Australia and Auckland, and extensively as a choral, orchestral and music theatre conductor. ●

Bush Support Services 1800 805 391 Toll Free Support Line

CRANA*plus*
bush support
services



BSS face-to-face counselling

Something on your mind?

Need to talk to someone who understands what it's like to live and work in remote Australia?

Whatever the topic – work or personal – now's your chance to meet face-to-face with a BSS professional psychologist at the Darwin Conference. Bush Support Services is offering FREE one-on-one confidential counselling at a convenient, discreet and private venue.

To avoid disappointment you are encouraged to book an appointment early via email (scp@crana.org.au) or mobile (0458 635 888).

bridge distance barriers with the mental health professionals' network

By Lauren Tyrrell, Senior Project Officer MHPN

The Mental Health Professionals' Network (MHPN) supports mental health practitioners to form networks where relationships are built, knowledge exchanged and professional development undertaken. The initiative currently supports over 450 networks, 43% of which are located in regional, rural and remote communities.

MHPN is federally funded and aims to increase interdisciplinary collaboration by fostering local networks across Australia where GPs,

psychiatrists, psychologists, mental health nurses, occupational therapists, social workers, and any other practitioners working in primary mental health care meet regularly.

The Karratha Network has met regularly for four years and includes practitioners from the public and private sectors, and non-government organisations, all who directly or indirectly support the mental health of Pilbara residents. The group's coordinator Caroline Rodgers sees many benefits. "There's always such a positive vibe and energy at these meetings as relationships, names and faces are embedded."

Meetings vary depending on each group's needs, but typically might include a presentation by a guest speaker or discussion of a case study. Attendees are encouraged to learn more about each other's areas of expertise and develop improved referral pathways.

Being remote no barrier

Networks meet the needs of the local practitioner community and if meeting face to face isn't an option, MHPN has a range of technology-based solutions like tele and video conferencing that can help networks flourish, even when participants are in far flung locations.

A recent online network meeting brought together 37 practitioners from across WA. The network's coordinator Sithu Thuyasithu is a psychologist with Multicultural Services Centre of WA and a driving force behind the network.



"Meeting online provides an easy way to connect and learn about other mental health services, as well as each other's areas of expertise," he said.

"We were pleased that participants reported a 'warmth' and 'friendliness' in the online environment. I know that that surprised a few people."

Getting involved is easy

Visit www.mhpn.org.au to see what networks are in your area. If there isn't one already, starting a new network is easy, particularly as you'll be fully supported by MHPN's project team.

MHPN provides administration assistance, funding advice, and a range of tools and resources to make running meetings easy. They'll help with technical expertise for online meetings, issue invitations and collect RSVPs. To further strengthen connections, following the meeting everyone receives a certificate of attendance and a network member directory.

MHPN's online professional development program includes webinars featuring an interdisciplinary panel discussion with a focus on collaborative mental health care. Topics covered including, complex trauma, suicidality, depression and eating disorders. All can be downloaded or viewed for free at www.mhpn.org.au

Find out more at www.mhpn.org.au, or by calling 1800 209 031 or senior project officer Lauren Tyrrell directly on 03 8662 6627. ●



Mental health professionals gather for a night of networking and professional development.

become your own personal trainer

Have you given up on exercise because you work in a remote area? Do you think you can't fit 30 minutes of exercise into your day? Bush Support Services (BSS) psychologist Amanda Akers, gives some tips on how to exercise when you live and work in a remote community.

Are you feeling stressed? Do you have no energy during the day but can't sleep at night? Is exercise the last thing you can think of? Well think again.

The mental, physical and emotional benefits of exercise have been well-documented in research. They have been experienced in many people's lives – and can be of benefit in your life as well.

For a start, the mental benefits of exercising just 30 minutes a day include a reduction in stress hormones that can build up during the course of your busy work day. These stress hormones build up in your body as you work.

Adrenaline, commonly known as the 'fight or flight' hormone, and cortisol, known as the 'stress hormone', are the main hormones that accumulate during stressful times, and can make us feel 'wired'.

Adrenaline increases your heart rate and raises your blood pressure. Cortisol produces sugar in your blood stream and enhances the glucose in your brain. It also changes the way your immune system works by suppressing your immune and digestive systems. In addition it affects areas of your brain that control mood and motivation.

Our bodies are hard-wired to respond to threats in our life. This natural survival system is designed to raise our hormone levels in preparation for fighting or fleeing from physical dangers, and once the danger has passed, the levels of adrenaline and cortisol return to normal levels and the body system functions as usual.

However, if you are repeatedly exposed to stress, if you are constantly feeling under pressure, this system can remain switched on, leaving you at an increased risk of feeling stressed and under attack, and placing you at risk of a range of health and emotional problems.

In the worst cases, prolonged exposure to stress can cause symptoms of depression, anxiety, insomnia, memory problems, concentration problems, reduced or increased appetite, digestive problems and heart disease.

The mental, physical and emotional benefits of exercise have been well-documented in research. They have been experienced in many people's lives – and can be of benefit in your life as well.

How can exercise help? Exercise is the main way the body dissipates and reduces stress hormones. It helps to produce endorphins, which improve your mood and reduce simple pain in the body.

By improving your body's physical reaction to stress, your mental state improves which is noticeable in your improved level of concentration. You then feel more relaxed and able to move on with your work and the other demands of your life.

Feeling too tired to exercise? Ever heard doctors and physios say that exercise improves our energy? How can that be? Well why not test out this theory and find out for yourself. We need 30 minutes of exercise, preferably daily, but several times a week can also produce good results.

Exercise does improve our energy levels. It also improves our muscle tone and, in the long term, as our waistline reduces, it improves our sense of achievement, and ultimately our self-esteem. We can enjoy our sense of success and self-discipline, and take this into the workplace in the form of a positive mood and a sense of personal accomplishment.

Your exercise regime will be a good distraction from ongoing thoughts of work, and will improve your sleep, helping you feel well-rested and revitalised. Add in some deep breathing and progressive muscle relaxation exercises to further enhance your stress-busting abilities and you'll have a new-found sense of confidence and feeling of well-being.

What type of exercise suits you?

Walking, yoga, aerobics, circuit training at the gym, body building, Pilates, Zumba, Wii Fit? That may be all very well for those of us with access to a gym, a DVD player or Wii, and a safe walking track.



But what about those remote workers who have tried to walk but get plagued by the community dogs on their walk, or find the wild horses intimidating when out for an adventurous stroll?

Exercise can still be an option for you.

All you need is a bedroom or lounge room, a clipboard and a plan. There are exercises that you can do in the privacy of your own home or accommodation space.

Here are some suggestions:

The 5BX exercises were developed by the Royal Canadian Air Force as a set of 5 basic exercises. The XBX exercises were then developed, based on the 5BX exercises, but designed specifically for women.

These exercises are performed in 11–12 minutes to achieve a good level of fitness. When the optimal level of fitness is achieved the exercises need only be performed three times a week to maintain fitness. These exercises include warming up and stretching exercises and consist of calisthenics and aerobic exercises. You don't need any equipment at all, and the exercises will all be familiar to you. You can download charts to help design your own exercise regime for your age.

Throughout the charts and levels, the five exercises are the same, and include:

stretching, sit-ups, back extensions, push-ups or crunches, and running in place.

A walk or run may be substituted for the final exercise if you can get outside to do this comfortably.

Distances and time are specified in the plan. The 5BX or XBX exercises can be found online or you can buy a book detailing the exercises and fitness plans. ►►



► Alternatively, the American Council on Exercise (ACE) has an At-Home (No Equipment) Workout that can be performed in the privacy of your own home without a need for equipment, requiring only bodyweight and space. Their website, www.acefitness.org has a free library for those who have internet access and enjoy searching through websites to find what suits them.

Websites like www.fitday.com have ideas for using household items to help you exercise, such as these:

A good thick hardcover book can be great for strengthening the core muscles. Look for a thick volume, such as a hardcover dictionary, to use in abdominal exercises such as crunches. Keep the book on your chest as you're lifting your abs and middle up, but be sure not to strain your neck.

You can use the book for exercises that focus more on your lower abs as well. Lie flat on your back with your arms fully extended above you, holding the book. Using only your stomach muscles to propel the movement, lift your

shoulders straight off the ground, keeping the rest of your body flat.

For another lower abs weight exercise, sit on a chair with your legs together and extended in front of you, feet about eight inches off the ground. Balance the book on your shins and slowly lift your legs up, keeping them extended. Lower and repeat. (www.fitday.com)

Other suggestions involve filling 2-litre milk cartons with water or sand, or using cans (e.g. can of baked beans) as weights to improve your muscle tone. As you require heavier weights you can use jars or containers with a variety of different contents to achieve the weight desired.

Print out a chart, pick up your clipboard, and become your own personal trainer in your own time and space, regardless of where you work. Remember to start slowly, seek medical advice if you encounter any pain or discomfort, and try to enjoy your own style of exercise to help decrease your stress and improve your mood. There's no excuse! Let's get exercising! ●

nurture your very own salad rocket

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

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

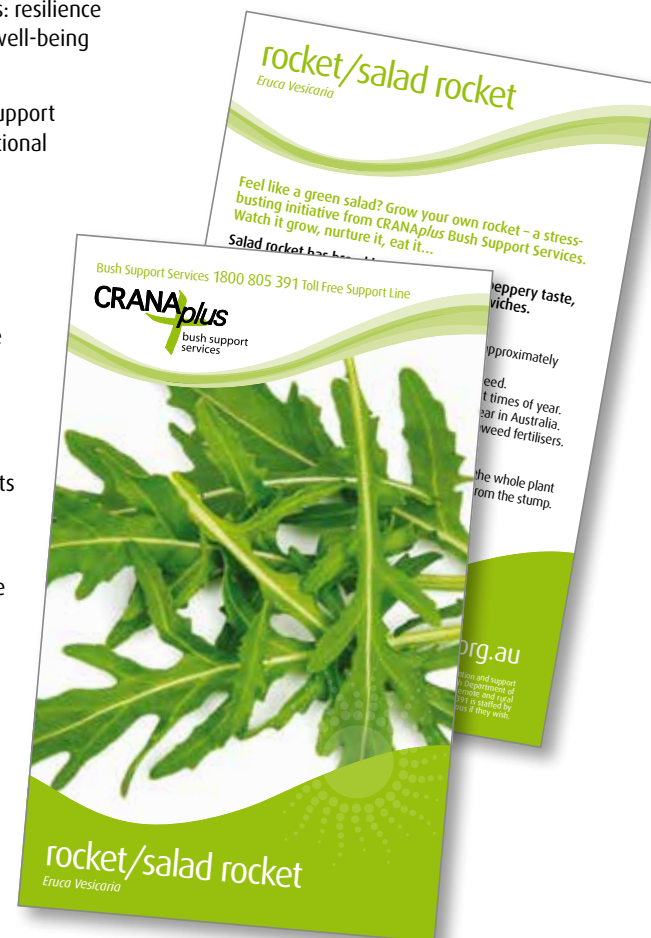
Enter a recent addition to the Bush Support Services selection of self care promotional materials: packets of rocket seeds.

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

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

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

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



BSS cosy blanket project

The saying 'What once was old is new again' is being demonstrated everyday at BSS. Knitting is trendy!

The Bush Support Services Cosy Blanket Project was originally planned to be short term, is now in its fourth year it continues to receive support from our members and those working in remote and isolated settings.

Bush Support Services supply the wool, needles and instructions and off you go! Over the years we have received tens of thousands of knitted squares which local volunteers make up into blankets of every colour.

Knitting is a great way to relax and this project helps others in need. If you would like to be a part of this worthwhile project contact Bush Support Service and they will supply you with everything you need to get started!

Here we share photos and cards from some of the recipients.



Hello Colleen,
Today I received the blankets made by the Remote Health Workers.
They are so appreciated by not only myself but the clients I work with. On Tuesdays we run a lunch program at a nearby caravan park.
Once again many thanks
Jenny

Jenny Kubainsky
Community Health Nurse
Homeless Persons Program Western Region Health Centre
Royal District Nursing Service 215 Nicholson Street Footscray 3011

Thank You
For the very generous donation
of Knitted blankets.
From staff, women
and children at
Hobart Women's
Shelter

Good Morning

We would just like to say thank you for the blankets we received in the mail from CRANAplus, as you can imagine with the cool weather as of late they have gone down a treat!

They are greatly appreciated by the elders at Aged Care and in the community.

Kind Regards

Tina

Tina Milner
Umoona Aged Care
(Coober Pedy, South Australia)

those little voices inside your head



Dr Annmaree Wilson
Senior Clinical
Psychologist
Bush Support Services

There really are Little Voices inside our head. They are there all the time, for everyone, helping to give a person balance and perspective. Sometimes the Little Voices are just commenting on what

they are observing, being positive and saying good things like "Oh, well done!" Other times the Voices are negative and critical.

The Negative Little Voice, however, can be a real problem. People who are stressed and depressed tend to hear the Negative Voices more than the others and this creates a vicious cycle: you feel depressed because you are thinking negative things.

One of the favourite areas for the Negative Little Voice in our psyche is in the area of self-esteem. The Negative Little Voice makes us doubt ourselves and our abilities. This Voice says things like "Why do you even bother? You have applied for jobs like this before and not got them. You haven't got a chance."

People who are stressed and depressed tend to hear the Negative Voices more than the others...

The problem with self-doubt is that it erodes self-esteem to the point where we have convinced ourselves that it is not even worth trying to do something, especially something new. And when you stop doing new and challenging things it is likely you will start to feel down and depressed.



The favourite tool of the Negative Little Voice is fear and anxiety. The Negative Little Voice can convince you that your fears are real and that anything is better than being in a situation that pushes you out of your comfort zone.

The anything, unfortunately, is often about doing nothing. It is certainly about not doing anything new. The Negative Little Voice is the master of justification. It says things like: "You know you get anxious at parties. Just stay home and watch a DVD, it's sooooo much easier."

Remember the Negative Little Voice in your head wants you to stop doing, and when you stop doing things you start to feel down.

The good thing about all the Little Voices in our head is that we can take control of them. The Observing and the Positive Voices can be used to rein in the Negative Little Voice.

The good thing about all the Little Voices in our head is that we can take control of them. The Observing and the Positive Voices can be used to rein in the Negative Little Voice.

The first step is to really start to tune into what the voices in your head are saying. When you notice the Negative Little Voice, you have taken the first step towards controlling it.

Do something about it and break that cycle. Stamping your foot in defiance or giving yourself a little slap on the wrist immediately challenges the grip of negative thinking.

Think positive thoughts that replace the negative ones. If you say to yourself "Oh what a beautiful day it is today" rather than "Oh no, not another day at work" you are more likely to do things in the day that will make you feel better. ●

bush support guide for worry warts

by Annmaree Wilson

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

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

In those moments when I can stop myself from fretting, I realise that it is such an unhelpful thing to do.

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

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

The answer seems to be to find a way of breaking the worry cycle. Kerkhoff advocates an interesting solution to compulsive worrying. He suggests that worrying should be an intentional activity.

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

Mindfulness exercises give us a great opportunity to break the worry cycle: and focus on the present.

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

You can achieve a state of mindfulness by focusing your attention on your breath or a repetitive phrase.

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

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

BUSH SUPPORT SERVICES

CRANA *plus*
bush support
services

1800 805 391

Toll-free Support line

a confidential telephone support and debriefing service

available 24 hours every day of the year


for multi-disciplinary remote health practitioners and their families

staffed by registered psychologists with remote and cross-cultural experience

available from anywhere in Australia

Resources also available
SELF-CARE BOOKS • SELF-CARE WORKSHOPS

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



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

Elissa Rowe RN

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

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today to learn more.**

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