

issue 78 | june 2010

CRANA *plus* magazine

the voice of remote health



educate 16
advocate 22
support 26

from the editor



Welcome to the June issue of the *CRANApplus* Magazine. It's hard to believe I've been with the organisation for a year already. We've made some big changes in the way we communicate with our members in that period. The Friday Flyer has been streamlined and tidied up, the magazine has been completely overhauled and there are plans to upgrade the website in the next financial year.

These changes are all in an effort to better serve our members and readers. I hope that you will continue to share your thoughts with us about the way in which we communicate to you and on behalf of the remote health sector.

It's exciting to feature the membership gauge and Membership Officer, Helen Phipps on the cover of this edition. *CRANApplus* has already surpassed all previous membership records and we're quickly approaching the 1000 member milestone.

Be sure to look for the exciting membership contest and recruitment incentives being offered, all in an effort to grow this organisation and strengthen our influence on behalf of everyone engaged or served by remote health practitioners.

Don't forget to check out the conference section and make your plans soon to attend.

See you in Adelaide,

Paula Waggoner
Editor, *CRANApplus*



Email: publications@crana.org.au
Phone: (08) 8959 1111
Fax: (08) 8959 1199
CRANApplus Magazine
PMB 203, Alice Springs, NT 0872



Australian Government
Department of Health and Ageing

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

About the Cover: Membership Officer, Helen Phipps is ecstatic about the membership milestone that we'll reach by 30 June.

All ©SATC images are courtesy of SATC: southaustralia.com

from the ceo

As members know, CRANAp^{plus} has undergone many changes over the past two years and most of them are good but some come with the sorrow of saying goodbye to people we care about and at this time we are saying that to three very valuable staff who will be sorely missed.

We are losing the first and ongoing co-ordinator of the MEC program. After two and a half years working at a massive pace and delivering her courses all over Australia and its territories, Caitlin Steiner has decided she would like to have a normal life.

There is no one that would begrudge her this, and I am sure that the kind of workload she has carried has a limit. We will miss her expertise as an educator, midwife and co-ordinator and we will miss her as a person. Caitlin may well be leaving but I hope her association with CRANAp^{plus} remains and she can find the time in her new position to lend her expertise to some of these roles in the future.

We are losing Vicki Gordon our remote support and orientation officer. In the short term we are losing her to Africa and marriage and in the longer term to other organisations where she can carry on her work in preparing health professionals for the remote sector.

Both Caitlin and Vicki will be farewelled more thoroughly in other articles of this issue.

Lastly, and I AM her line manager so I can officially do this, we are losing Regine Haynes (pictured below). Reg has been with CRANAp^{plus} for over seven years and has seen all of the changes and helped take the organisation through most of them. Reg has in many cases been the only constant through four managers and numerous staff and board changes. She started at a time when there were only three staff – an executive director, business manager and herself with both of the others leaving within the week. Reg had to take the reins and looked after what was then CRANA and she has had to do that same thing on many other occasions during her time with the organisation.

On my commencement with CRANAp^{plus}, I found Reg's knowledge and loyalty to the organisation invaluable and when I got to know her better, I realised that she had so much more to offer.

There would be very few members who have not been helped by Reg and fewer still that will be happy that she is leaving. Unfortunately we cannot make decisions for others and her decision to leave CRANAp^{plus} was based on her and her husband Brian embarking on a new phase in their life, living and working in the UK.

We here at the office wish all three of these amazing women every success and happiness and understand that our loss is someone else's gain.

With that, we welcome Katie Sullivan the new MEC co-ordinator and Jenny Longland who has taken up a newly created position as operations manager. We hold great expectations of both of them, expectations I am sure they can both meet.

We go forward from here and trust the future of the organisation to those who continue on. I believe it is in good hands.

Carole Taylor
CEO, CRANAp^{plus}





©SAIC

engage

from the president

Dear CRANaplus members,

Hasn't it been an amazing time for health care reform in Australia! I get to hear passionate arguments that reform is going too far, or not far enough and that specific professional groups are being affected by some suggested changes, whilst others feel left out.

I'd have to say that it's always going to be hard to please all of the people all of the time, but there is a general sense of motivation and a quest for improvement. It may be hard to keep up with the draft reports, consultations, media announcements, Federal takeovers etc, but rest assured that your professional body, CRANaplus, is doing its best to keep informed





and active, ensuring that remote health is not lost in all this change. Just in case you have not had an opportunity to read the draft National Primary Health Care Strategy, its main recommendations are highlighted opposite.

I'm very pleased that Australia is moving towards having its 1st national PHC strategy, a road map about how we implement comprehensive PHC to improve the health outcomes for ALL Australians. I think that generally, remote health, through necessity, has already broken down many of the barriers that mainstream healthcare is currently grappling with.

One of the many issues that we are focussing on is the role and value of primary health care organisations (PHCOs) and local hospital networks (LHNs) in the new health reform structure. Clearly in remote and rural Australia all of our hospital and PHC resources need to work as one to overcome the health and health workforce challenges. Whatever the final outcome we need to ensure that these

new governing entities are small enough to reflect local needs, don't try and treat all communities the same, reflect the unique way we do business and that the urban model isn't imposed for the sake of convenience or uniformity!

CRANApus, as your combined voice, is loud and proud! This has been evident in many ways, but most rewardingly in that with the tenacity and doggedness of our CEO, we have secured three years of funding from the federal government. ►►



The Draft Strategy identifies five key building blocks which are considered essential system-wide underpinnings for a responsive and integrated primary health care system for the 21st century:

1. Regional integration
2. Information and technology, including eHealth
3. Skilled workforce
4. Infrastructure
5. Financing and system performance

Drawing from these are four priority directions for change:

- Key Priority Area 1: Improving access and reducing inequity
- Key Priority Area 2: Better management of chronic conditions
- Key Priority Area 3: Increasing the focus on prevention
- Key Priority Area 4: Improving quality, safety, performance and accountability

These priority directions have been identified through consultations, as the priority areas where change is most needed to set up the system of the future.

► This allows us to continue and expand the great work CRANApus does in educating, supporting and advocating for the remote health workforce. To ensure that we are on track and ready to respond, the board has developed this year's key advocacy messages and also updated our strategic plan with some specific targets for us to strive for. Of course, none of this could be achieved without the dedicated and professional staff and volunteers of CRANApus.

We are very proud of how our membership has increased dramatically over the past 18 months, welcoming many previous members back and many new members into the CRANApus family. We are only as strong and significant as our membership; it is the support, advice and constructive feedback from our members that ensures we are a powerful and relevant influence within the sector.

"We are very proud of how our membership has increased dramatically over the past 18 months..."

You may be interested to know that we offer corporate membership. This opens up opportunities for organisations to use our vast reach to advertise their vacancies and to access many other benefits. It's important to remember that if your organisation becomes a corporate member, you are entitled to get your membership at the cheaper concessional rate. There are a range of other membership deals; talk with the Adelaide office staff or visit the CRANApus website for more details.

This year's conference in Adelaide is shaping up to be the biggest and best ever. We have some amazing key note speakers lined up and I am confident it will be (as always) a networking, friendly, interactive, rewarding, learning and most importantly FUN event. I sincerely hope to catch-up with lots and lots of you there.

Cheers,

Christopher Cliffe
President, CRANApus ●

health care and indigenous australians

This is an easy to read book that focuses on the health care professional and what they can do to contribute to improving the health outcomes of Indigenous Australians. The book uses a cultural safety approach for health students or professionals wanting to improve their practice.

With 14 chapters that include activities, critical thinking questions, poems, 'making it local' activities, and case scenarios, readers will find that the material provides opportunities to think in new ways about Indigenous health and about their practice more generally.

About the authors

Kerry Taylor has worked in Central Australia since 1988 across a range of roles and organisations. Kerry has been a recipient of two Flinders University Vice Chancellor's Excellence in Teaching Awards and has a Carrick citation. Her current research interests include her PhD studies into intercultural communication in Indigenous health care setting and cultural safety.

Dr. Pauline Guerin is currently a Senior Lecturer (psychology) in the School of Nursing and Midwifery at Flinders University. Dr. Guerin is involved in research projects in the Flinders Ranges of South Australia and in the Anangu Pitjantjatjara Yankunytjatjara lands. She has taught students in a wide range of disciplines in the United States, New Zealand, and Australia. ●





CRAN*plus* key messages 2010/11

CRAN*plus* as the voice for remote health, strongly advocates the following:

1. Health care in Australia is based on **comprehensive Primary Health Care approach**. The gatekeepers of a client's healthcare needs to be responsible for coordination and case management; this needs to be broadened from the current model to encompass other providers such as remote area nurses, nurse practitioners and midwives.
2. **A nationally adopted scope of practice for all Aboriginal Health Workers** is implemented. This requires both, a 'clinical' and 'cultural' stream.
3. **'Single nurse posts'** are unsafe for patients and clinicians, a structured plan for phasing them out across the country is required urgently.
4. **Remote area nurses have a consistent and nationally adopted scope of practice** to ensure they are supported, empowered and prepared to meet the needs of clients.
5. **Nurse Practitioners and Eligible Midwives** have **uninhibited access to the MBS** and their clients access to the **PBS** to make these roles a viable alternative choice for clients when accessing healthcare in Australia.
6. **A national minimum standard for emergency care** in isolated areas is developed, for all remote health professionals, including an **ongoing skills maintenance program** with regular **mandatory competencies**.
7. All women have access to a **skilled maternity care provider regardless of where they live** and safe options should be developed for women who choose to have **uncomplicated births where they reside**, including remote areas. The closure of further birthing services in regional and rural areas are ceased.
8. Remote communities with a population greater than 200 people should have the opportunity and funding to have their water supply **fluoridated**.
9. The resourcing of the management of chronic disease is **based on the chronic disease prevalence** of the population served.
10. **A minimum of 1/3 of all health funding is quarantined for preventative care measures.** ●

CRANAp^{plus} 2010 conference

hotel grand chancellor | adelaide
wednesday 13 – saturday 16 october 2010

remote health – we're out there... doing it, teaching it, supporting it and researching it.

invitation to attend

On behalf of CRANAp^{plus}, it is my great pleasure to invite you to attend the 28th National CRANAp^{plus} Conference held at the Hotel Grand Chancellor in Adelaide, South Australia on 13–16 October 2010.

Conference Theme:

**Remote Health – We're out there...
doing it, teaching it, supporting it
and researching it.**

This year's conference theme is about action. It's about what remote & isolated health providers do every day.

This dynamic organisation has been a corner stone in the delivery of health care services to people in remote and isolated parts of Australia for over a quarter of a century. In 2008 with a clear mandate from our members, we broadened our scope beyond nursing and now welcome all remote health practitioners as members.

Opening our membership to all who are passionate about remote and isolated health has broadened the scope and relevance of your organisation, the professional voice of remote health. Anyone with an interest in remote, isolated and/or Aboriginal or Torres Straits Islander health will find something of value at the CRANAp^{plus} annual gathering.

In this climate of extreme change and uncertainty in health care, I hope that you will join us at the 2010 CRANAp^{plus} Conference for its

professional learning opportunities, inspirational presentations, as well as a chance to catch up with old friends and meet a new expanded group of remote health colleagues.

See you in Adelaide!

Christopher Cliffe
President, CRANAp^{plus} ●

courses available!

Make the most out of your trip to the 2010 CRANAp^{plus} Conference by tying in a MEC or REC course!

The following courses will be offered in conjunction with conference:

Maternity Emergency Care 11–13 October 2010

The CRANAp^{plus} Maternity Emergency Care (MEC) course teaches maternity emergency care to non-midwives working in a remote or isolated setting. Register for this course in the education section of the CRANAp^{plus} website.

Introduction to Remote Area Nursing Workshop

13 October – 9:30 am to approx. 3:30 pm

This workshop is designed to give those people interested in remote area nursing as a career, some insight and information about that role and the context in which it is delivered. It will be delivered by a selection of remote area nurses with wide experience in this exciting and challenging work. Register for this course on the conference registration form.

Remote Emergency Care

17–19 October 2010

The CRAN*plus* Remote Emergency Care (REC) course helps health practitioners to develop knowledge and skills essential to providing emergency care and treatment in common emergency situations encountered in the remote setting. To provide the remote and rural practitioners with knowledge and to promote confidence to deliver safe and quality care to the patient. Register for this course in the education section of the CRAN*plus* website.

All courses will be held at the conference venue, the Hotel Grand Chancellor on Hindley Street in Adelaide. ●



so you think...

by Sue Leverton

So you think you might go to the annual CRAN*plus* Conference, but you're just not sure? "Ummm – will I know anyone there?"
"If I don't know anyone, will anyone talk to me?"
"Will the presentations be interesting or merely academic?"

I'm sure these thoughts go through the mind of anyone considering going to the conference for the first time.

Well as a long-term remote area nurse (RAN) who only made it to the conference for the first time 2 years ago, I can confidently say – you will have a ball!

Don't worry, if you don't already know anyone else who will be attending; you will meet so many people and you will feel right at home in no time.

The presentations? There is so much variety; a great mix of the serious, the light hearted, the academic, and down to earth experiences of fellow RANS and remote health professionals ensures that everyone goes home feeling enlightened and encouraged.

So come and join us this year in Adelaide. Some of what you experience will teach you something, some inspire you, some will become your friends.

The chance to see the pandas plus a bit of shopping doesn't hurt.

Maybe next year, you can present a paper???? ●

schedule

Opening Ceremony

This year's CRAN*plus* Conference will kickoff in style with a cruise on the iconic "Popeye" riverboat up the Torrens River to the Adelaide Zoo. Attendees will enjoy a private tour of the bamboo forest that is home to Wang Wang and Funi the Giant Pandas, which arrived from China last December. Following the tour, the opening ceremony of the conference will be held at the Rotunda on the zoo grounds.

The opening ceremony, including the boat ride and bus transfer back to the hotel is included in the full conference registration. Individual event tickets can also be purchased for friends or family members who want to attend only this event.

Conference Highlights

Thursday

In honour of 2010 being the International Year of the Nurse, CRAN*plus* has invited Rosemary Bryant to be the opening keynote speaker for this year's conference. Rosemary is currently the Commonwealth Chief Nurse and Midwifery Officer and serves as the elected president of the International Council of Nurses. Rosemary has had a broad experience in policy development both in nursing and the broader health sector. Since taking up the position in the Commonwealth, she led a review of maternity services, which culminated in a report to the Minister in March 2009.

Highlighting the role remote practitioners have played in delivering healthcare to remote regions around the world – Christopher Cliffe, Executive Director of One21seventy, Libby Bowell, First Line Emergency Care Manager for CRAN*plus*, Rhonda Golsby-Smith, a remote area nurse and Dr. Nicholas Williams, MD will all discuss their international experiences as clinicians. Leanne Miller, Executive Director of Koorie Women Mean Business, will discuss international advocacy for issues involving the rights of Indigenous women.

Friday

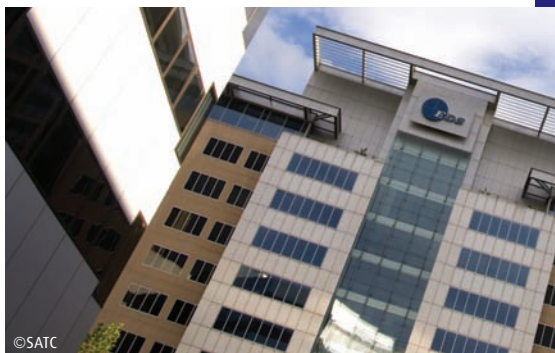
John Mofflin, Director and General Manager of the Jack Thompson Foundation will be a keynote speaker discussing the foundations latest project bringing aquaponic farming to remote communities. This project will produce fish and vegetables for consumption by community members, as well as giving residents the skills needed to construct and maintain the operation.

Other highlights on the second day of the conference will be the CRAN*plus* annual general meeting and a Bush Support Services interactive session and the awarding of the the Stress Buster Contest prizes.

Saturday

The Saturday sessions will begin with a keynote address from Northern Territory Coroner Greg Cavanagh followed by the First Line Emergency Care report and highlights of the newly launched Aboriginal Health Worker, Advanced Remote Emergency Care and Midwifery Up Skilling courses. There will also be a showcase of eRemote, CRAN*plus*' new online learning modules.

This year's event will culminate with the conference dinner on Saturday evening where the prestigious CRAN*plus* and Aurora Awards are announced. A dinner showcasing South Australia cuisine and wine will start the evening, which will include the ever-popular presentation of graduates. After the program concludes, it's time to relax with your new and old friends and enjoy a glass of wine and a bit of dancing. ●



keynote speakers



Rosemary Bryant commenced in the position of Commonwealth Chief Nurse and Midwifery Officer in July 2008. She was formerly Executive Director of Royal College of Nursing, Australia, a position she held for eight years.

She has had a broad career in acute hospital and community nursing, as well as in government relations. Executive positions she has held include Director of Nursing at Royal Adelaide Hospital and also at the then Child, Adolescent and Family Health Service in SA and the chief government nursing position in Victoria. She also spent some time in private consulting undertaking projects on nursing and health. During this time she was a consultant to the World Health Organisation.

Rosemary has had a broad experience in policy development both in nursing and the broader health sector. Since taking up the position in the Commonwealth, Rosemary led a review of maternity services which culminated in a report to the Minister in March 2009.

Rosemary is a Fellow of Royal College of Nursing, Australia, is Emeritus Director of Nursing at Royal Adelaide Hospital and was elected as President of the International Council of Nurses in 2009. ●



John Mofflin, Director and General Manager Jack Thompson Foundation Ltd.



In 2007, John Mofflin attended the Garma Festival in the North East Arnhem Land of the Northern Territory and was moved by the stories he heard of over crowded homes and the ensuing social problems. Through his knowledge of timber milling and building, he realised how the timber growing in the area could be used to solve the chronic housing shortage in Arnhem Land. People living 'on country' could be taught to build their own houses out of the 'living ground'. He approached Jack Thompson, for his support and Jack fully seeing the potential of the idea offered his backing and the Jack Thompson Foundation was born.

John lived in Northeast Arnhem Land for 9 months in 2008, working with the Yolngu people, and teaching logging and milling techniques and facilitating instruction on how to build their own homes. It was a resounding success; this constituted the Jack Thompson Foundation pilot project.

Since then the Foundation has been spearheaded by John's continued voluntary commitment. John has become a Keynote speaker at conferences in the area of Indigenous issues and has gained respect in remote communities throughout Australia as an advocate and champion of Indigenous issues. John Mofflin is an ordinary bloke with an extraordinary Vision. ●

Mr Greg Cavanagh, B.Juris.
LL.B (Monash), LL.M (London)

Territory Coroner, Northern Territory
of Australia

Appointed Magistrate in 1996

Appointed Territory Coroner in 1997 ●



registration options

Conference Events

(early bird registration available until 31 July 2010)

	Early Bird Member	Early Bird Non-Mbr	Regular Member	Regular Non-Mbr
Full Conference Package: 13–16 October 2010 (includes paper sessions, conference dinner and opening ceremony)	\$550	\$750	\$650	\$850
Student Rate for Full Conference Package (must be full-time student)	\$300	\$350	\$350	\$400
Single Day Pass (sessions and trade displays only)	\$200	\$300	\$250	\$350
Opening Ceremony: 13 October 2010 (includes river cruise and panda tour at the Adelaide zoo)	\$70	\$75	\$80	\$85
Conference Dinner: 16 October 2010	\$80	\$95	\$85	\$110

post-conference tour: barossa & hahndorf

Barossa Valley

Tempt your senses in the magnificent Barossa Valley. You'll capture the atmosphere of the Barossa, touring quaint villages set amidst rolling hills and pastures dotted with superb wineries. Wine tastings await at the Langmeil Winery.

The tour package includes a stop at Kaesler Winery Restaurant for lunch.

Adelaide Hills

Heading over the beautiful Adelaide Hills – a region with market gardens and colorful history, you'll pass by stunning scenery with rows of vines, natural bushland, historic villages and the old mill town of Woodside.

Hahndorf

Your senses will be consumed by the atmosphere of Hahndorf, a quaint Bavarian village nestled in the Adelaide Hills. Perhaps indulge in a local tradition of scones, jam and cream with tea or coffee (own expense) and stroll under Elm trees and browse in the craft shops.

The fare of only \$75 includes wine tasting at Langmeil Winery, lunch at Kaesler Winery and bus transportation. The tour will depart the Hotel Grand Chancellor at 9:30am on Sunday 17 October and return to the hotel at 5:30 pm.

Booking for the post-conference tour can be made in conjunction with your conference registration or by calling Helen Phipps at (08) 8408 8200. ●

accommodation

The city of Adelaide offers a wide range of lodging options. We have negotiated special conference rates at four hotels. The conference will be held at the Hotel Grand Chancellor where rooms are available starting at \$160 per night. We have options for every price range, all within walking distance of the conference venue.



Hotel Grand Chancellor (Conference Venue)

65 Hindley Street, Adelaide
from \$160 per room per night
Code: CRANA



Mercure Grosvenor Hotel 125 North Terrace, Adelaide

\$115 3 star/\$165 4 star per room per night
Code: CRANA Conference



Comfort Hotel

31 North Terrace, Adelaide
from \$135 per room per night, includes breakfast
Code: CRANA135

Hostel

Adelaide Travellers Inn/Backpackers
220 Hutt St, Adelaide
\$26 per bed per night with common bathroom
\$30 per bed per night in 4 bed ensuite room
Code: No code required ●



One21seventy

National Centre for Quality Improvement
in Indigenous Primary Health Care

Do you remember the highly successful Menzies ABCD (Audit & Best Practice in Chronic Disease) Research Project? Well after the project finished in Dec 2009, Menzies created a not-for-profit entity to carry on with the roll out of CQI into Indigenous Primary Health Care, the entity is called **One21seventy**.

The name **One21seventy** reflects the centre's commitment to increasing life expectancy for Indigenous people beyond **One** year in infancy, **21** years in youth, and **seventy** years across the lifespan. **One21seventy** aims to improve the quality of care provided by primary health care centres, and thereby health outcomes for its clients, through the provision of a comprehensive, systematic and user friendly approach to continuous quality improvement within our complex area of health care.

Our advisory committee has a majority of Indigenous members, leaders within the Indigenous PHC field, helping to guide the work and development of **One21seventy**.

We have a small team of staff with expertise in Indigenous primary health care, CQI processes, training and information technology to support services implement CQI at their service. **One21seventy** is currently engaged with health services in NSW, Queensland, Northern Territory and South Australia.

If you would like to know more about **One21seventy** or are interested in your service becoming a member, more information can be obtained at www.one21seventy.org.au Alternatively you can contact me on (07) 3010 3900 or jenny.hains@menzies.edu.au

Jenny Hains RN MSHM
One21seventy Client Services Manager
CRANAplus Member ●

farewell: caitlin steiner



Since January of 2007, Caitlin Steiner has coordinated the Maternity Emergency Care (MEC) program for CRANAp^{lus}. Her quiet thoughtful demeanor belies a passion for remote health and maternity care, that you might miss until you get to know her.

Her leadership and direction have been instrumental in the growth and success of the MEC course. Before she joined the organisation in 2007, there were five courses scheduled each year. By the end of 2008, that number had risen to 15 courses a year and she will leave the organisation having overseen approximately 48 courses. Caitlin readily admits that there haven't been any significant changes to the program since its launch in 2003, "It's a fantastic formula, so all we've done is update the information and streamline the process", says Caitlin.

When asked what is the biggest accomplishment in her time with CRANAp^{lus}, she points to the growth of the course driven by the respect it has built for itself in the remote sector.

Always humble, Caitlin said, "The growth and success of MEC has been a team effort. It's been a privilege to be part of the growth of this program and to work with a team of amazing facilitators and be in an organisation that pulls all the right pieces together."

"The growth and success of MEC has been a team effort. It's been a privilege to be part of the growth of this program..."

Having managed over 48 courses, flown tens of thousands of kilometres and seen parts of the country most of us can't even imagine, Caitlin has decided it's time for the next chapter of her life. As for future plans, she is headed to Mt. Buller for a few months in the snow and then she'll look for the right opportunity to get back to her first love, which is remote health, "I want to get back into some clinical work for a while, then see what happens from there."

Caitlin leaves the MEC course and CRANAp^{lus} with big shoes to fill. We wish her well as she ends one chapter and begins the next. ●



farewell: vicki gordon

Vicki Gordon is a remote area nurse who has worked in four main remote communities in “The Centre” and the “Top End” of the Northern Territory for nearly twenty years. During this time she has learnt a degree of Pintubi/Luritja and smatterings of Tiwi and Yolngu languages. Her willingness to learn the language of those she was there to serve opened the door to a deeper insight and understanding into the Indigenous peoples of Australia, their culture and traditions. Not only did she perform wonderful work in remote clinics but Vicki also established rapport and friendships thereby acquiring the skin name of: Nangala in Pintubi/Luritja

Vicki first joined CRANAP^{plus} as a staff member in July 2007 as the orientation coordinator for the child health checks through the Australian Government Intervention. Vicki was based in Alice and Darwin, alternating with the two phases.

During early 2009, Vicki returned to Alice Springs to take up the position of Remote Support Nurse, servicing the needs of remote area health practitioners including fielding enquiries

in regard to appropriate education, employers and resources. She proved herself to be an excellent listener, serving as a mentor and providing orientation and support to people going remote for the first time.

Over the past 18 months, Vicki has come into contact with several hundred remote health practitioners, all of whom have benefited greatly and appreciated her support and advice. People out bush showed much enthusiasm and interest in her calls and visits. Through her work, she has not only been able to enhance the image of CRANAP^{plus} but has also promoted the organisation’s many programs, including Bush Support Services.

Vicki headed off to Nairobi, Kenya on 15 May to get married. She will be greatly missed at the CRANAP^{plus} offices in Alice Springs and by her friends and colleagues out bush. ●



you'll know you're a nurse when...

by Joy Penman

Recently, the honour society of nursing, Sigma Theta Tau International, endorsed a book entitled *You'll know you're a nurse when...* The book compiled nurses' notions of what being a nurse is like and what makes nursing a unique profession.

The precious 'moments' when a nurse knows that he or she has arrived in the inner circle of the nursing culture were examined by five nursing academics, namely Sherryl Gaston, Christine Pryor, Fran White, Kerre Willsher, and myself. These academics belong to the University of South Australia's Nursing and

Rural Health Unit, which is a progressive and dynamic provider of quality education for regional students. The unit is part of the Centre for Regional Engagement, which has its headquarters at Whyalla campus and looks after the university's regional activities, including also the Mount Gambier Regional Centre, which provides targeted undergraduate and postgraduate degree programs designed to meet the needs of rural and regional communities. The Nursing and Rural Health Unit, headed by Dr Julie Watkinson, offers studies in nursing as well as social work and rural practice. ►►

►► Following a quick survey, a list of our responses in completing the sentence 'You know you are a nurse when ...' was made and analysed. The responses were realistic, touching, funny, and profound.

These were categorised into three main themes. The first theme embodies the competencies achieved in being a nurse. The competencies encompass the integration of knowledge, skills, and attitudes to provide safe and effective nursing care. A 'real' nurse possesses these competencies and demonstrates these consistently in their everyday practice.

"You know you are a nurse when a mother tells her child to trust you because you are nurse."

The outcome of possessing nursing knowledge and skills is the trust gained from those clients and families that nurses serve.



Evidences supporting this theme are as follows:

- You know you are a nurse when you look for evidences supporting your actions.
- You know you are a (theatre) nurse when the surgeon and you can work like you are in a symphony orchestra, being able to anticipate the surgeon's next move.
- You know you are a nurse when you are able to communicate effectively to clients, family, co-nurses, and other health professionals, whether they are young or old or in-between, male or female, of mainstream or culturally and linguistically diverse backgrounds.
- You know you are a nurse when patients' welfare is your first priority.
- You know you are a nurse when a mother tells her child to trust you because you are nurse.

The second theme is the internalisation of the role and identity of being a nurse. Nursing is more than doing (a job); rather it is being (a nurse). It appears to be embedded in the core of the nurses cognition and psychology.

One educator stated, 'Nursing never shuts off, even when you are trying to have some time for yourself, taking care of your own health'. Consider further these quotes from the academics:

- You know you are a nurse when you start doing nursing assessments mentally of people sitting in the doctor's waiting room with you.
- You know you are a nurse when you get excited with the latest developments in bath towels and hospital beds.
- You know you are a nurse when you worry about the *Pseudomonas* in your bathroom.
- You know you are a nurse when washing hands is second nature to you.
- You know you are a nurse when you use acronyms ED, MRI, PIC etc. in most of your sentences.

The third theme relates to the intimate relationship that nurses form with their clients. Relationship building seems to set nursing apart from all other health professions.

“You know you are a nurse when you get excited with the latest developments in bath towels and hospital beds.”

The academics conveyed the following compelling interpersonal experiences:

- You know you are a nurse when a dying patient you have been nursing for a while says, ‘Thank you.’
- You know you are a nurse when people accost you in shopping centres to tell you about the latest in their medical conditions.
- You know you are a nurse when you miss patient interaction, as you are now an educator.
- You know you are a nurse when a patient reveals to you her innermost fears and ways by which she conquered them.

“You know you are a nurse when people accost you in shopping centres to tell you about the latest in their medical conditions.”

We wish to invite other rural nurses to reflect on these unique experiences that only nurses can know. Please add your thoughts to our list so that we can share them with our students.

Send them to: joy.penman@unisa.edu.au

**Joy Penman, Lecturer
Centre for Regional Engagement
University of South Australia, Whyalla ●**

katie sullivan

Meet the new MEC Coordinator

We hope everyone will help welcome Katie Sullivan to the CRANAp⁺ family as the new Maternity Emergency Care (MEC) coordinator.



Prior to joining our staff, Katie was a clinical midwifery educator for Sydney's Northern Beaches Maternity Services. Her experience includes working in midwifery continuity of care and team models within New South Wales Department of Health. She was a volunteer facilitator for the MEC program for the past two and a half years.

Katie is currently completing a Masters of Midwifery (hons), which is examining why midwives stay in midwifery. She is also an associate lecturer of midwifery at the University of Technology, Sydney. ●



educate

aboriginal health worker courses

by Monica Ostigh

Over the last three years CRAN*plus* has been approached by several organisations, including the NT Dept of Health and Families, to run training courses developed specifically for Aboriginal health workers (AHW). Both the Remote Emergency Care (REC) and the Maternity Emergency Care (MEC) courses have now been modified for this specialised audience and the outcome has been very positive and the courses have been identified as an ongoing need.

In 2009, funding was sought from the Commonwealth Government for the purpose of developing and delivering these courses in a modified format to Aboriginal health workers working in remote and isolated regions of Australia. Sufficient funding was received to employ a coordinator of culturally specific programs with the purpose of conducting consultation with stakeholders, to review and continue to modify existing versions of the courses to fit the needs of this specialised group of practitioners.

“Sufficient funding was received to employ a coordinator of culturally specific programs...”

It's been a busy nine months for Monica Ostigh, the coordinator of the AHW program. An advisory committee was established, with





Two of the new AHW REC courses have been conducted so far; one in Darwin and the other in Alice Springs. Both courses were well attended by practitioners from remote health centres around the Northern Territory. The courses were conducted over three days and involve participants attending lectures and participating in a number of scenario-based practical sessions.

In Darwin, facilitator Sharon Marchant had participants in a cardiac session sounding more like a thundery wet season storm than a class room – when she asked them to drum hands on desks to reproduce the heart sounds of a normal heart beat and those lethal rhythms ventricular tachycardia and ventricular fibrillation. In Alice Springs participants were out in the morning sun, extracting victims from a vehicle accident (staged by CRANAP^{plus} staff). This activity combined the principles of both the spinal and multi-casualty lectures as well as highlighting the importance of teamwork.

We are now in the final stages of preparation of the AHW MEC program with the first course successfully completed in Alice Springs in May. There are currently four REC and one MEC courses proposed for the next financial year.

As part of the 12-month process all courses will now undergo a review with final versions of the courses being expected within the next few months. ●



members including senior AHWs, representation from both public and private health sectors as well as members from the First Line Emergency Care (FLEC) team.

In February 2010, Larisa Lee joined the CRANAP^{plus} team. Larisa is a senior AHW with Sunrise Health Corporation and is now learning the role of a facilitator for the AHW courses, as well as assisting with review of resources for both courses and the online program being developed by Julia Stewart, coordinator of eRemote.

advanced remote emergency care course

by Wendy Bowyer

With blood sweat and tears the Advanced Remote Emergency Care (AREC) pilot courses have been completed. Two successful courses were run in Darwin and Alice Springs. Both courses had a great team of facilitators who showed true grit and determination to present and facilitate the learning of participants.

An enthusiastic and keen group of 32 participants represented a wide range of backgrounds ranging from the usual remote health clinic, registered nurses, midwives and ambulance staff to locum GPs, aeromedical staff, paramedics and nurses from oil rigs, mining companies and even a cruise ship nurse attended the course.

The AREC course was developed to meet the specific needs of practitioners working in isolated settings who may upon occasion, need to take a lead role in the management of care of a critically injured or unwell patient. The course's aim is to educationally and clinically prepare and maintain the skills of experienced remote and isolated multidisciplinary health practitioners to confidently respond to, and manage medical emergencies (including trauma situations) at a very high level, beyond that of the current Remote Emergency Care (REC) course.



Left to right: Wendy Bowyer, Martin Pallas, Sue Cowling, Phil Hingerford and Libby Bowell.

The major benefit offered by AREC and all CRANApus training courses is relevance to the remote environment. "There are plenty of courses out there that meet the continuing education requirements for national registration," according to course participant John Wright. He appreciates the fact that the training is held in Alice Springs, which means less time away from home and work and less travel costs, but most importantly is the relevance to his practice environment. He said, "Many of the advanced courses focus on treatment options available at big hospitals or major trauma centres. Much of that just isn't relevant out bush."

The AREC course has been designed to engage participants in the learning process. Feedback from attendees indicates they appreciate the interaction resulting from scenarios, case studies and skill stations as well as facilitators who are practising clinicians, instead of dedicated educators.

Although all procedures are conducted on rubber training mannequins, real people are recruited to give participants a true to life learning environment. These scenarios ranged from a sick baby brought in by a full-on hysterical mum who was a challenge to settle without the use of physical restraint, to a skill station where blood oozed out of the victim to provide a profoundly realistic and time critical scenario.

"The course was a combined effort of many people who generously provided comments, reviewed chapters and provided support and encouragement", says AREC Coordinator Wendy Bowyer. She wishes to express her thanks to everyone who participated in the development of these pilot courses. "We are well on the way to having a great course that challenges advanced practitioners in skill and knowledge and encourages critical thinking and team leadership." The AREC course will be continued after the launch of the pilot with hopes of holding at least one course in each state next year. ●

first line emergency care

by Libby Bowell

Hi from the First Line Emergency Care (FLEC) team. As you can see in this edition, we have had some movement in the FLEC team. It is with sadness that we say goodbye to my wonderful colleague, Caitlin Steiner who is moving on from the role of Maternity Emergency Care (MEC) coordinator. Thankfully, Cait will still be in the remote world as she considers another stint out bush in the near future (that would be after the ski season at Buller!) and will stay on as a senior facilitator with the MEC program.

“The feedback has been both helpful and positive; it has been quite a learning process in the developing and expanding on our already proven REC and MEC formulas.”

Saying goodbye also means welcoming Katie Sullivan into the MEC coordinator role. Katie has been a facilitator with MEC for the last few years and has already come on board to begin the big job of orientating to the coordinator role alongside Cait.

We also welcome Sue Orsmond into a full-time role of Remote Emergency Care (REC) coordinator as of 1 July; Sue has been in a half-time role for the last 12 months. This change will allow me to concentrate purely on managing the ever-expanding FLEC suite of programs... and facilitating on a few courses a year.

We are coming to the end of the piloting of all of the new courses that have been launched this year. The feedback has been both helpful and positive; it has been quite a learning process in the development and expansion on our already proven REC and MEC formulas. It's been

a challenging year indeed, but everyone within the FLEC team has pulled out all stops in an effort to get everything over the line, on time and at the high standard, on which we pride ourselves. The evaluation process is now underway with an expectation that the project period will be completed by August this year.

We have had positive feedback from the Commonwealth already, with several of the new courses already funded for next year.

Lastly, watch out for the launch of 'eRemote', our online training component, which has been successfully trialled and will be officially launched by the Honourable Warren Snowdon on 29 June in Alice Springs.

If you are interested in any of our courses, please go to the website to check the schedule. As always, if you are interested in requesting a private course please contact the respective course coordinator. ●



midwifery up-skilling – MIDUS program upc

by Heather Gulliver

After hearing again and again that remote midwives wanted and needed an opportunity to improve and refresh their skills, the Midwifery Up Skilling (MIDUS) course was added to the CRANApus First Line Emergency Care lineup in 2010.

Through funding provided by the Commonwealth Department of Health and Ageing, the MIDUS program was specifically designed for midwives working alone or in remote settings without the assistance of teams of staff to assist with birthing complications.

The 'hands-on', two and a half-day workshop utilises skill stations to give participants, in small groups, the opportunity to practise several clinical maternity emergency practical skills.

The lecture sessions include interactive clinical case based group work, which helps foster knowledge sharing and team work.

“...very informative evidence-based program both well orchestrated and organised.”

The supportive learning structure of the course, the calibre of the facilitators and the topic content have been evaluated as 'fantastic-comprehensive and fun', 'brilliant', 'amazingly professional course', with one participant's feedback being – 'very informative evidence-based program both well orchestrated and organised'.



update



Midwife participants have valued receiving an update on National Midwifery and Nursing Registration and feel better able to prepare for this transition.

As an integral part of the course, a MIDUS manual was developed to help participants 'update' themselves on evidence informed information across antenatal and intrapartum care phases as well as clinical care of the new mother and baby. They are guided through the principals of 'culturally safe' and woman-centred care and the MIDUS manual contains an abundance of web-link resource information they can easily access.

The MIDUS course is just one more way CRANAP_{plus} is working to serve the interest and needs of remote health practitioners around Australia. ●

sue orsmond

CRANAP_{plus} is proud to announce that as of 1 July Sue Orsmond has accepted a full-time position as Remote Emergency Care (REC) coordinator.

Sue joined the CRANAP_{plus} team last year in a part-time role as the assistant REC coordinator.

The continued growth of the CRANAP_{plus} education division has necessitated the addition of another staff person dedicated solely to the coordination of the REC program, leaving the First Line Emergency Care (FLEC) Manager, Libby Bowell free to focus on the overall management of the education division of CRANAP_{plus}.

Sue brings an extensive range of experience to her new role. Now a registered nurse and midwife, she started her career in Broken Hill, NSW as a student nurse and has been around the country to her current location in Tasmania. Her CV contains the well-rounded background that makes her so well suited to her new role. From the basics to the intensive care unit and the operating theatre, Sue has done it all. Even serving as the unit nurse on a movie set during her long service leave.

Sue is an experienced REC facilitator and is excited about challenges she'll face while managing the fast growing REC program. ●





advocate

CRAN*Aplus* membership skyrockets

In April of this year, CRAN*Aplus* membership reached an all time high and the momentum continues. The decision to expand our membership base in 2008 to include all those working in remote health, coupled with the great respect that this organisation enjoys in the health sector has seen interest from a diversity of disciplines. We now boast a membership that truly reflects the multi-disciplinary nature of remote health.

Recently our board of directors voted to reduce the cost of student membership to \$50 thereby making membership more affordable for the remote health workers of the future. This strategy has seen many students taking up this opportunity and the connection CRAN*Aplus* offers them to the remote sector.

Over the last few weeks, we have been speaking with lapsed members and became aware that for many of their circumstances have now changed due to retirement and they found

the cost prohibitive. The board of directors has addressed this issue and has created a "Retired" category to encourage and support those past members, many of whom had been with the organisation from its inception, back into our membership. This category of membership is \$50 per year.

We have been getting the word out, as have many of you, about the advantages associated with being a member of this organisation. We have identified that two thirds of members joining this year are new, first time members of CRAN*Aplus*. Many of these individuals have joined as a result of being exposed to our nationally acclaimed First Line Emergency Care courses and many others as a result of your encouragement, thank you for your continuing support.

Another area of growth is our corporate memberships which, we are proud to say, now number nine members. These organisations value our relationship with them and pass the benefits of corporate membership on to



Membership Officer, Helen Phipps is ecstatic about the membership milestone that we'll reach by 30 June.

their employees. If you are an employee of a corporate member, you are entitled to receive a concessional discount on your membership cost. Please identify yourself as an employee of that organisation when joining or renewing your membership.

Our goal is to have 1000 members by 30 June this year and we want to enlist your help to achieve this goal. We are offering the gift of a Clinical Procedures Manual for every five full memberships that you recruit (they must mention your name) between now and 30 June.

We have also flagged three random numbers between 900 and 999 and should those new or rejoining applicants join as that number they will also receive a free Clinical Procedures Manual. The 1000th member will receive a free full conference registration at the CRANApplus Annual Conference in Adelaide, October 2010. Encourage your friends and colleagues to join and take advantage of this opportunity.

Many of you will receive membership reminders over the next few weeks. There are several options available: either return the renewal form in the enclosed envelope, renew online via our secure Paypal facility or give us a call and we will process your membership over the phone.

Please give consideration to renewing your CRANApplus membership, which offers great benefits to you and strengthens CRANApplus' ability, to advocate, educate and support you and everyone striving to deliver healthcare to the remote and isolated regions of Australia.

You, the grassroots members, are CRANApplus' strength and one of the principle reasons this organisation was formed over a quarter of a century ago. Membership of CRANApplus means that this organisation has a stronger voice with decision makers, better enabling us to advocate with greater authority on your behalf, and that of the remote health sector.

Helen Phipps, Membership Officer ●

more for health from this year's budget

by Carole Taylor

Advocacy wears many hats and the pre and post budget time is a time when we wear most of them. As most of you are aware, this year's federal budget has a very high health component, as it is designed to underpin the reform process.

"...the budget will provide for a number of changes in the way primary health care is delivered in this country..."

Just to recap, the budget will provide for a number of changes in the way primary health care is delivered in this country, not the least being the increase in control by the Commonwealth Government.

Next year will see the first 15 of the primary health care organisations, to be called Medicare Locals (ML), rolled out based on the highest performing divisions of general practice.

This decision has been the catalyst for numerous meetings, as we look at both the governance of these units and the way they are determined. Those in remote health are very concerned that the Medicare Locals are set up with both a multidisciplinary and consumer governance structure and that there is not a one size fits all mentality when they are applied to the remote sector. For example, there is talk about making them population based with numbers like 300,000 being a base line.

That is probably a good concept for the urban population and will still allow for a community of interest approach. However, as we in remote Australia know, that would mean that one ML would cover all of the Northern Territory and half of Western Australia completely negating the community of interest concept.

CRANAp^{plus} has been involved in discussion regarding this issue and many more. For example, we have looked at the practice nurse proposal whereby GPs can pool amounts of \$25,000 each and 'buy in' a practice nurse to help in clinics. Once again, very difficult in remote clinics, where GPs are scarce.



The opt-in patient record proposal certainly will have a positive impact on remote health but we have to ensure that vested interests don't push the Government into watering down one of the few proposals that will benefit the people of remote Australia.

As representatives of the remote health sector, I believe the real job of advocacy in this reform process is just beginning. Even though we have put in hours of work in the interim; it is now vital that we help the Government get its reform process right.

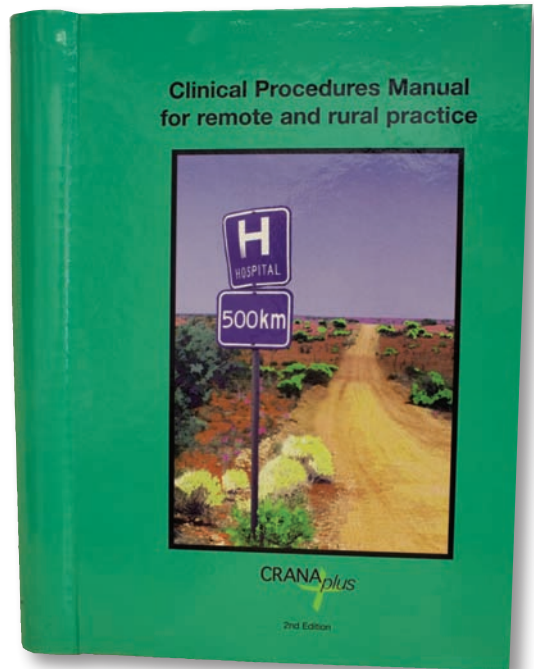
CRANAp^{plus} has been asked to be on numerous working parties and expert panels in all areas of implementation and we really do have to be there. I am heartened that we have gained sufficient respect from the Government as the remote representative organisation to be asked to provide input on all of the implementation strategies, but as a small organisation it is costly and time consuming. Advocacy IS time consuming and costly but one of our most important roles.

"We are in changing times and we can either, sit back and let it happen, or work to influence the way it happens and the way it affects the consumers we serve. We choose the latter and we will do our best on your behalf."

We are in changing times and we can either, sit back and let it happen, or work to influence the way it happens and the way it affects the consumers we serve. We choose the latter and we will do our best on your behalf. ●

competition!

Help your organisation grow and earn a free copy of the CRANAp^{plus} Clinical Procedures Manual!



Anyone who recruits five people to join CRANAp^{plus} as full members will receive a free copy of the new second edition of the Clinical Procedures Manual.

To ensure you get credit, we simply need those people you recruit to mention your name when they join. Just mention you if they join by a phone call, make a note on the membership form if they use a hard copy or put your name and "referred by" in the "How did you hear about CRANAp^{plus}?" field of the online membership form.

This offer is a great way for you to support the organisation that supports you and earn a valuable resource. It pays to be a CRANAp^{plus} member! ●



support

lessons in uncertainty for CRANAp^{plus} psych c

by Mark Millard

The psychology courses that I took many years ago taught that uncertainty is something that is inherently unpleasant for human beings – that people actually strive to avoid uncertainty, sometimes at a high cost to themselves and their personal relationships.

“...uncertainty is something that is inherently unpleasant for human beings...”

We were also taught that uncertainty is stressful – that it is perceptions of control and predictability that make situations seem manageable to us, and the converse makes them seem risky and out of control. This can promote anxiety and distress.

Undoubtedly these maxims contain quite a bit of useful information, and I’m not suggesting they should not still be taught in psychology school.

The uncertainty and unpredictability that exist in remote scenarios is part of the risk of stress in these settings. It’s probably fair to say that remote work can contain a lot of surprises, a lot of fluctuations in demand, a lot of sudden and unpredictable situations, and, of course this is only the work.

It’s work that also occurs in a social and physical setting where dramatic and traumatic events, of a social and natural kind occur quite often.

Not surprisingly, the potential for becoming overwhelmed in these settings is real and ever-present.

This, of course, is the story seen through one set of lenses. The reality among the health workers, functioning in such settings, and the communities themselves, is also frequently a kind of learning to thrive on the uncertainty and vitality of their work and life in the bush.

This is the first of a series of posts from Bush Support Line psychologist, Mark Millard, who is on the road for the next year talking, listening and learning from remote health workers.



on the road

Many seem to develop skills that are flexible and responsive so that their modus operandi becomes a kind of expecting the unexpected. Something like – “the one thing you can be sure of here, is that things won’t be quite what you are expecting.”



When you see them in action, these are inspirational skills, not only for remote workers, but also the people who are faced with challenges. They lead us into other areas of more contemporary psychology as well – those that take as their basis, the flowing, unpredictable, ever-changing nature of emotional and social life. Areas of psychology that are more interested in learning to live with and through uncertainty, and to experience fully the flowing feelings and day to day richness that comes with a world full of surprises and constant change.

“Not surprisingly, the potential for becoming overwhelmed in these settings is real and ever-present.”

While these areas are of special interest to members of the Bush Support Services team, it’s not going to be possible to dwell on them here. ►►

►► The importance of flexibility in response to uncertainty was brought home strongly to me right at the beginning of my travels as part of the BSS promotional journey. At the end of February, we spent more than a week in Bundaberg waiting for the rain to stop – to travel west and north through western Queensland. It didn't stop. The places we planned to go were swamped with the mixed blessings of floods that broke many old records, flushed water systems that had been stagnant for decades, and replenished the land – in many cases at great personal cost.

As time ran out – for this part of the journey – a much quicker dash up the coast road was necessary, meeting with health staff in St Lawrence and Bowen on the way.

Further flooding ensued, particularly in the Cape, and the Gulf of Carpentaria. We waited in Cairns, somewhat at the mercy of the weather, and also with my own struggles to extract myself from my regular job in a fairly senior position with Queensland Health – it's so hard to let some of these things go when the outcomes are still uncertain!

“...it's so hard to let some of these things go when the outcomes are still uncertain!”

By then, the entire route plan, which was to travel first south and west, needed to be changed because of the impending winter, although it still teemed rain and cyclones as if it was stuck in February. This meant, of course, that the roughest and practically most challenging part of the trip was now going to be first, so some more thorough preparation was necessary.

Still, a route through the Gulf to Darwin was out of the question. We decided to leave Cairns and head to Normanton, to see what the road through Burketown and Doomadgee looked like from up close.



Along this way we passed through Mt. Surprise and the Frontier Services (Uniting Church) Clinic, and met up with Pam Swaine, the director of nursing and currently only registered nurse at Georgetown Hospital. This stop also presented a chance meeting with the visiting mental health psychiatrist, Bruce Gynther, who agreed to take some CRANAp^{plus} information packs with him to Einasleigh and Forsayth. Georgetown had not long been open to road traffic – it can be isolated for months at a time in big wets when the Einasleigh and Gilbert Rivers (on either side) flood their low-level bridges.

Kate Gleave at Croydon met with us along with several other members of the team for afternoon tea. Among other things, Kate and I talked about the future of remote health staff, since so many of the very experienced practitioners are reaching retirement age. We shared some ideas about ways to mentor young people into bush jobs, and encourage their interest.

Funnily enough, after some of these initial meetings, it seemed there was one aspect of remote work where some degree of certainty was really important – and that was around being able to take a break, take your days off,

and take your holidays when they are planned. All too often, it's incredibly difficult to locate appropriately skilled locum staff to relieve workers in bush settings – and this can lead to difficulty with planning proper breaks, getting your holidays and keeping in touch with sources of family and support that are often outside the immediate workplace setting.

Obviously the recent Commonwealth initiative for locums for allied health workers in the bush (announced recently by Kevin Rudd on a visit to Cairns) is designed to target this need, but it seems it could be the subject of more attention from health administrators and policy makers to find effective solutions. It remains to be seen, whether the Rudd plan will be able to find the workers needed to provide the locums and backfill.

When we arrived in Normanton a few days later, the staff at the 18-bed hospital made us welcome. Unlike Georgetown and Croydon, where the hospitals now function as community clinics, providing overnight care only in emergencies, Normanton is a key district hospital with inpatient functions. It's also part of the Mt Isa health district – somewhere along that road we crossed from Cairns and Hinterland to Mt Isa district. CRANAP^{plus} members fill key

roles at the hospital and the community health centre at Normanton. More next time about their ways of coping with uncertainty – FISHING was recommended – now what's certain about that! Perhaps it's some sort of paradoxical therapy!

“All too often, it's incredibly difficult to locate appropriately skilled locum staff to relieve workers in bush settings...”

The Normanton Hospital staff said the floodwaters had recently subsided off the road to Karumba, and suggested that might be as good a place as any to wait a little longer for the western gulf roads to open. Two days of magnificent Karumba sunsets and a beach salmon catch later, the road's still blocked – there was more rain last week. If it doesn't change within the next few days we'll head to Mt Isa and then up to Darwin – maybe come back through the western gulf later in May.

There's often another way around things – and the outcomes can be pleasant surprises – like the meetings we had this last week on the way from Cairns to Normanton. ●



BSS and online counselling

by Annmaree Wilson for the
Bush Support Service

The Bush Support Service recently announced that online counselling services are now available to all remote area health workers and their families. In general, the idea of online counselling covers a whole range of activities from instant messaging, internet-based telephone (such as skype), chat-rooms, and emails. The Bush Support Service is focussing only on asynchronous e-mail at this stage. This means that counselling is available via a central email address. You may not get a instant reply but you will be responded to within 24 hours.

“There has been an increasing demand from remote area health workers for online counselling.”

There has been an increasing demand from remote area health workers for online counselling. This demand has reflected the fact that “cyber-services” are one of the areas of recent interest and growth in the psychological world. In 2004 the Australian Psychological Society published its first ethical guidelines for the provision of services over the Internet. The Bush Support Service will adhere to these guidelines.

There are a number of advantages to online counselling. One of these is anonymity. In many ways the Internet offers greater anonymity than almost any other form of counselling. Some people set up email accounts just for the purpose of counselling. What anonymity does is allow people to feel less inhibited and therefore, hopefully, more engaged with the counselling process. As a result, some people may feel more inclined to use this type of service than they might if offered face to face or telephone counselling.

Online counselling is also accessible from anywhere. The Australian Bureau of Statistics announced in 2007 that 64% of all households had Internet access at home. This is important for those working in remote settings, as many remote area workers now have access to the Internet sometimes from both home and work. This means an increase in privacy. For example, remote area health workers may be able to email from work or home rather than waiting for a quiet moment in the hustle and bustle of work or home life for the opportunity to call the Bush Support Service by telephone.

The other advantage is immediacy. Even though the Bush Support at this stage is only offering email, this type of service may be able to provide more immediate support than could be supplied were the caller attempt to organise face-to-face counselling.

Bush Support Service clients using the Internet may also feel like they have more control. Even if you are starting to feel uncomfortable, it takes a great deal of courage to walk out of a face-to-face counselling session or even to hang up on the telephone. With Internet counselling you can just click off when you are ready!

Of course, there are some disadvantages to Internet counselling. As a telephone counsellor, the constant challenge for me is the lack of non-verbal cues. This is even more pronounced counselling via the Internet. The way of overcoming this difficulty is through metacommunication. This involves the use of different types of font, the use of bold and capitals and punctuation. As well, the use of initialism, such as “LOL” for laughs out loud, aid communication. It is also really helpful to use emoticons, such as :o) and :o(, are really useful.

The Bush Support Service is hoping that online counselling will be a useful adjunct to telephone counselling. Users of this service may seek general information about the organisation or specific psychological issues. As well, they may seek counselling support. In the future,

on-going clients of the Bush Support Service may be able to use both telephone and Internet as a way of communicating with counsellors and do therapeutic activities such as reporting on self-monitoring tasks.

So...if you are inclined, get those digits to the keyboard and give the Bush Support Service online counselling a go!

The email address is: scp@crana.org.au ●

would you like to win \$500?

CRANApus and Centre of Remote Health need your help. 'Back From the Edge' is a comprehensive survey of nurses investigating the stressors resulting from their work in the very remote regions of Australia.

This four-year project compares and contrasts the occurrence of occupational stress of remote nursing with that of nurses working in other contexts. The primary objective is to develop and implement interventions that prevent or reduce the impact of occupational stressors in the remote workplace.

Results will be disseminated through academic papers, as well as the CRANApus Magazine, and various conferences related to the remote health sector. This study will provide insight into how to better support the remote workforce.

To encourage participation, three prizes of \$500 will be awarded in a random drawing of nurses who have returned completed surveys. If you haven't received your questionnaire or would like to participate, please email Sue. lenthall@flinders.edu.au. Please participate and encourage your colleagues to do so as well – It's your story we need to better understand. ●

stress buster contest

We all struggle with the daily hassles that can slowly wear us down. Some are better than others at dealing with those stressors. The team at Bush Support Services would like to reward those with creative or interesting approaches to stress busting and share those great ideas with everyone else.

How the contest works:

- Document the ways you combat stress
- Submit the idea to the BSS office in Alice Springs by 15 September
- Winners will be selected by a secret panel of experts
- Winner will be announced at the 2010 CRANApus Conference in Adelaide, SA 13–16 October.

No idea is too minor or too crazy! Blogging, baking, fiddling, fossicking, jogging, juggling, Skyping or sky diving; no matter what you do for the sheer enjoyment of it, we're interested.

Your submission itself could be a creative outlet, photography, painting, sketching, scrapbooking, etc.. Just show us how you take care of you and there just might be a prize in it for you.

For more information or to submit your entry, contact Laura Nelson at (08) 8959 1107 or laura@crana.org.au CRANApus PMB 203, Alice Springs, NT 0872. ●



BSS snapshot

Established in 1997 and originally through funding from the Office of Aboriginal and Torres Strait Islander Health Service, the Bush Support Service (BSS) division of CRANApplus has expanded well beyond the 24 hour, seven days per week telephone counselling service offered at its inception.

Now funded by the Commonwealth Department of Health and Ageing, BSS has two full-time employees in the Alice Springs office and a team of seven highly trained and experienced psychologists that are on-call around the clock to speak with callers.

A key understanding of the BSS is that remote health workers comprise a particular group of people living in remote areas who have particular mental health needs. In short, due to isolation, remote area health workers chronically face high levels of occupational stress.

These same workers also face increased chances of experiencing discrete traumatic events.

In addition to the telephone counselling, debriefing and support services provided at no charge to remote area health workers and their families, BSS now provides online counselling services, case management and the provision of professional supervision as well as educational packages focussing on managing stress.

They provide outreach to remote area workers by running fun activities such as a stress buster competition and a knitting project (see our website for details). Mark Millard, one of the BSS psychologists, is also travelling extensively throughout Australia over the next 12 months and is hoping to visit many remote area communities.

Contact details:

Telephone counselling 1800 805391

Website www.bss.crana.org.au

Email counselling: scp@crana.org.au ●

cosy blanket news

Bush Support Services has had a tremendous response to the Cosy Blanket Project. The squares just keep rolling in from around the country. Not a week goes by that we don't receive squares. Sometimes it's only one or two or it could be a box full. Knitting is a great way to relax and help others keep warm this winter. This stress-buster knitting project is a great way to click-clack your way to inner tranquillity while making blankets to be given to those in need. We'll turn your squares into cosy blankets made from the heart.



We'll be working with charitable organisations to help identify people who could use a cosy blanket.

You don't have to knit a whole blanket, a few squares will do.

Here are a few simple guidelines to follow:

To make a 25 cm knitted square:

- Use 8-ply 100% acrylic, any colour or brand
- Cast on 51-55 stitches using 4mm knitting needles (depending on your tension)
- Work until piece measures 25 cm in garter stitch (continuous plain knitting)
- 35 squares will make a blanket (5x7)

BSS will happily provide the needles and wool free of charge. Please send knitted squares to:

Bush Support Services, CRANApplus,
PMB 203, Alice Springs, NT 0872.

Contact us today at (08) 8959 1110 or email bss@crana.org.au to order your knitting kit. ●



Cosy Blanket Project

Relieve stress and help keep someone warm this winter.
Knit a single square or a whole blanket.
We'll supply wool and needles free of charge!



Give us a call at (08) 8959 1110 or
check out the details on our website at
www.bss.crana.org.au

We're just a phone call away!

Bush Support Line
1800 805 391
toll-free support line

Bush Support Services is a division of CRANAplus. Through funding from the Commonwealth Department of Health and Ageing, we provide clinical and cultural awareness training as well as support for multi-disciplinary health workers and their families working in remote and isolated regions of Australia.

Phone: (08) 8959 1110 **Email:** bss@crana.org.au **Web:** www.bss.crana.org.au



Help 'Close the Gap'...

Be part of the effort to improve Indigenous health

We need Registered Nurses and Midwives to fill short-term paid placements in the NT for as little as three weeks.

Get involved.

Call 1300 MYRAHC

or apply online at rahc.com.au

RAHC

REMOTE AREA HEALTH CORPS

*Imagine a great Australia...
for everyone*

Funded by the Australian Government

