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CRANA *plus* magazine

the voice of remote health

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educate 32
advocate 40
support 56

from the editor



This year we celebrate our 30th Annual Conference and in keeping with our 'pearl anniversary' the theme is *'Pearls of wisdom from remote practice: the getting, keeping and passing on of knowledge'*. We invite clinicians, educators, researchers and students across all disciplines to submit an abstract. All the details of the call for abstracts are in the conference section of this edition and on our website.

What a milestone year 2012 is shaping up to be. On the year's extra day, 29 February, we leapt to the 1200th member mark when Kari McGrath signed up.

It is with great pleasure that we welcome our most recent Corporate Members: the Nursing & Allied Health Rural Locum Scheme (NAHRLS) and the Rural Health Education Foundation (RHEF). Our readers would be familiar with both these outstanding organisations. As with all our valued Corporate Members we are proud of our relationship with them and thank them for their support of CRANApplus.

We have a triple-pronged strategy to encourage you to come forth with your thoughts, stories and ideas.

In addition to my regular call for your stories and photos for inclusion in the magazine to share with fellow readers, in this edition, our CEO Carole is also calling for stories and photos about your day-to-day work and experiences, and the difficulties associated with delivery of health services to the sector. Carole's aim is to share them with decision makers she meets and who may not have a true understanding of the complexities of remote health practice.

And thirdly, do you have something to say about remote health and feel you haven't had the opportunity to do so? We are adding a soapbox section to the magazine where you will have the chance to have your say. Details and rules of engagement are on page 42.

In this edition, our feature article from RAN Sue Leverton is a heart warming and inspirational story about a Remote Indigenous School Organic Garden Project she set up in a remote community in WA.

And we have stories from undergraduate students, recipients of the 2011 CRANApplus Remote Placements Scholarships, sharing their first time experiences in a remote setting.

Inside these covers, there's a feast of reading for you, which we trust you will enjoy.

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About the Cover: "From little things big things grow..."
(Read more on page 10).

from the ceo

A call to arms

We are constantly in a state of change and constantly looking at ways to keep the remote agenda at the forefront of those who make decisions around money and change.

We have a new Minister for Health in the Hon Tanya Plibersek who, from all accounts, seems to have a reasonable grasp of what and whom we are dealing with. We have ever more changes in the Departmental hierarchy, although those with whom we have immediate contact have remained this time. And we have changes to our funding sources, headed up by those that have less knowledge about the remote sector than is optimum.

So, once again it's up to us, the organisation and the members, to take every opportunity to let people know what it is we do and the importance of keeping the sector and the health of those who live within it as our main focus.

This is a call to arms.

We have every intention of, once again, putting our case to those in Canberra who need to know: but it is you, the members, who often have the opportunity to talk to people about what you do and how important you are.

As mentioned in the article from the Vice president, we suffer from an 'out of sight - out of mind' problem with us being more out of sight than most. We need to bring our work and our passion into focus and to help us tell your story.

What we need is stories about your day-to-day work environment and photos which offer a visual to those who cannot possibly imagine what 'remote' looks like. We need opportunities to tell others why we are different, how difficult and, yes, expensive, remote health is and what we need in order to make it all work.

I spend a lot of time 'telling' people but what I, and others, need is to be able to 'show' people and we need stories that demonstrate we are making a difference. We need facts to feed the information-hungry bureaucrats and decision makers of this world, so they understand the need for flexibility, funding and outcome-based decisions rather than decision-based, just on cost.

We need to have case studies and examples of good programs that make a difference. So please keep this stuff coming in. Remember, if you take photos of people, especially kids, you need written permission to publish. But you guys are out there. You are the only ones that can provide us with the ammunition needed to keep the pressure on and fight for equity of health care for those who need it most. See the Advocacy section in this edition where we are launching a 'soapbox' forum which is about these types of issues.

The rallying call done, I feel a lot better now. I feel that I am part of a larger family: and, from this family member to the rest, "have a great Easter. Take a break if you can and if you can't - keep safe and we are thinking of you as always".

Carole Taylor
CEO, CRANApplus





engage

from the vice president

Our healthy organisation

The need to raise the profile of remote health care among our politicians; to grasp the opportunity to be involved in the National Health Reform process; and to help maintain a balance between the time spent on recording performance management and servicing people are just three of the issues concerning our Vice President Paul Stephenson.

Paul is currently the District Chief Executive Officer of the Torres Strait and Northern Peninsula Area Health Service. Two decades of experience with Queensland Health in FNQ has seen him in a variety of roles.

Prior to this appointment he held roles as Director of Nursing Cooktown, Director of Nursing Mossman, District Manager Cape York Health Service and CEO of the Mt Isa Health Services District.

He has served on the Board of Directors of Family Planning Qld and multiple rural and remote health advisory committees.

I am writing this from Thursday Island whilst looking out my window which overlooks Prince of Wales Island opposite. It sounds pretty exotic, and it certainly is.

Living and working in the Torres Strait is a combination of managing the challenges of health service delivery and enjoying the opportunities for leisure activities in such a beautiful environment.

Delivery of broad Indigenous health programs, the challenges of services delivery on an international border and health care access in an environment of a significant chronic disease burden are just some of the matters being addressed as part of a dynamic and experienced team.

I have attended two CRANAp^{us} board meetings to date and a face-to-face group opportunity

to consider, among other things, the planned approach to setting up an office in Cairns. The main focus has been the purchase of a property in that location, which is currently under negotiation.

Living and working in the Torres Strait is a combination of managing the challenges of health service delivery and enjoying the opportunities for leisure activities in such a beautiful environment.

As a board member, we are expected to take on a 'portfolio' and mine is that of the 'Fellows'. I am keen to get this right so those of you, who are in that cohort, please be patient with me and make contact, as time to collaborate keeps escaping me.

Big thanks for the opportunity to be part of this dynamic board and very impressive workforce. We have now reached the milestone of 1200 members which is a sign of a healthy organisation on the national scale, with solid participation and input into the future directions and influences of remote area health care.



The Board has progressed on a number of fronts since the conference, with a face-to-face meeting planned to develop the next five-year strategic plan for the organisation.

We will also have a relook at our core business and opportunities for the future and ensure a solid platform for governance. ►►



►► We are looking for opportunities to lobby MPs and Senators to further advocate for the sector and are seeking a meeting with the new Minister Tanya Plibersek. It is vital that we keep the organisation in the hearts and minds of the decision makers in Canberra and at the State level, as it is too easy for our sector to be overlooked. 'Out of sight – out of mind' is very true for the remote sector and we are potentially out of sight to most of Australia.

National Health Reform brings great opportunity as all changes do. The influences on state

government and the non-government health sector arrangements are potentially quite vast and, whilst the detail remains a bit elusive, the space appears quite cluttered with the challenge of change.

One potential opportunity is to explore and impact on policy, funding and governance arrangements for improving access to sustainable and reliable health services in remote Australia.

Early work has begun to formulate a document for a cross jurisdiction project (4 states) as an approach to remote area health funding, service delivery, innovation and workforce. Our opportunity to be engaged in this should not be missed.

Further developments in the Primary Health Care sector under the reforms will be better opportunities for coordinated and collaborative service delivery as the health consumer of today (as opposed to the passive patient of yesteryear) has begun to expect.

...we are potentially out of sight to most of Australia.

One of the many things we will need to watch in this time of reform is the impact of "over performance-management" whereby we see our front line clinicians and staff spending significant amounts of time putting data and paperwork together in order for organisations to meet the requirements of service agreements.

Accountability to the public for the public purse is absolutely unchallenged. However, in some countries, studies show that in times of fiscal constraints and revenue challenges there is a tendency to apply significant levels of performance management which often impact on patient-centered service delivery time.

Again thanks for the opportunity and hope you all have a great Easter time with care for yourself, your family and your community.

Paul Stephenson
Vice President, CRANApus ●

rarely a dull moment

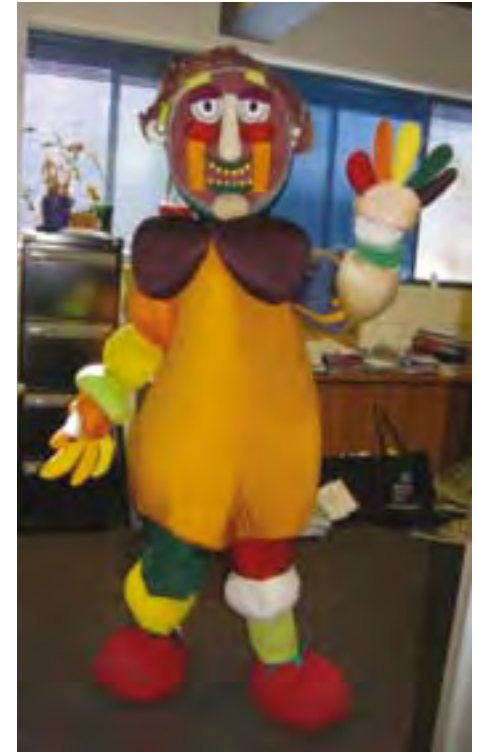
Tere Garnon-Williams has been intrigued with cross-cultural issues since her early nursing days, way back in the late 70s as a young student nurse studying Medical Anthropology in Canada. This cultural intrigue, particularly relating to maternal and child health, took Tere to the UK to complete a Diploma in Midwifery and eventually, to the far reaches of the Arctic (the North West Territories of Canada) in 1988 and the Australian Outback (Northern Territory, East Arnhemland) in the early 1990s.

In this article Tere outlines her career choices and how she feels about her role as a Remote Area Nurse.

I feel that community health is where health begins for any cultural group – and I have "armed" myself with some of the necessary bits and pieces to do what I feel is my job as a Remote Area Nurse and Midwife: my Undergraduate degree is in Public Health (Canada); my post grad is in Midwifery (Australia). Other helpful courses included a Certificate in Sexual and Reproductive Health; a Certificate in Vaccinations; a Cert 4 in Training and Assessment.



ATSI Health Check Open Day with fellow Health Care Staff, Indigenous Youth Health Services, Brisbane 2009.



Vegetable man (me), NAIDOC Day Celebrations at ATSICHS, Brisbane 2008.

A RAN's learning doesn't stop – and I have a list a mile long of the courses that I would like to take, including the CRANApus REC because immediate emergency care knowledge and confidence can make or break a good RAN – and I like sleeping peacefully at night when on-call...

A RAN's learning doesn't stop – and I have a list a mile long of the courses that I would like to take...

As my daughter grew up, I spent time working as an agency Hospital and Community-based Midwife and Nurse in various capacities: Community Liaison, Hospital and Community Midwifery; Sexual and Reproductive Nurse; Educator; Community Nursing; and as a RAN. ►►

► As you can imagine, each cultural group that I had the joy and honour of working with were so very different in many ways: caring for the needs of Indigenous street kids in downtown Brisbane is very different from the work in Fort McPherson in Canada, Millingimbi NT; Oak Valley SA; or Cherbourg Qld. All have their differences and individual challenges.

Picking wild berries in Northern Canada with the women and children while the men stood guard with an eye open for hungry bears is very different from hunting for mangrove worms and crabs in East Arnhemland while keeping an eye open for hungry crocodiles. However, on reflection, I discovered that the basic needs of any community doesn't change: we all share the need to eat good food to keep us strong and the need to remain safe in our environment.

So what role does a Remote Area Nurse play in facilitating this? Especially in communities that are struggling with cultural change? I have asked myself that question a million times and the answer I sought wasn't in the books I read or the teachers and "wise ones" that I studied under. It isn't so much about giving out medicine or doing health checks. It also isn't about doing 'on call' or handing out pamphlets that talk about well women screening. And it isn't about telling a community how they should "do it".

...it's in the sharing and caring – the day to day "stuff". It's caring about a mother who is struggling to feed her babies...

I guess for me, it's in the sharing and caring – the day to day "stuff". It's caring about a mother who is struggling to feed her babies good tucker or who lives in isolation from her family when her husband abandons her. It's caring about a young man who knows he'll probably never be a rock star – or make enough money to buy that fancy car he sees driving through the streets of Brisbane.



And it's about caring for that young sick child who is so afraid when she sees you holding that needle with penicillin in it...

The compassion, the comradeship, the feeling of being part of a bigger whole; the sharing your orange with the little kid with big eyes when you're on your lunch break; or stopping long enough in your busy day to share a funny story and laugh with the women who are clustered around the health clinic waiting to see the doctor or child health nurse; and the tears that are shed when a family is in sorry business for a grandmother who passes away far from her home and people who love her.

It's about "both way" learning: about watching and being with people in their environment; and learning about how they "do it". It's about attending ceremonies if appropriate and going



hunting for bush foods; learning about bush medicine (and using it); about listening to language and trying out a few words – then using those words and adding to them when you care for the people.

Life as a RAN is full – rarely is there a dull moment. And you can get really tired and downhearted. That's why I like to take a break every once in a while and that's just to get a feeling of self – to hang out with my family; have a soya latte at my favourite cafe – or go on a retreat to re-establish who I am and what I want from life.

As a RAN, I also feel very strongly that it is important not to take myself too seriously. All I can do is my best at any given moment – that I need to know my boundaries – and that on occasion, I need to laugh at my short comings. Because after all, laughter IS the best medicine – for any community of any culture. ●

Top left: Wild Horses on the Sandover Hwy, Urupuntja Community, 2011.

Bottom left: Urupuntja Health Services Ambulance, 2011.

Above: One of many weekly Homeland visits, Mosquito Bore, Urupuntja Community, 2011.

Top right: Fellow employee of the Urupuntja Health Service – laughter plays a key role in sustaining all of us, both locals and health staff.

Middle right: Mosquito Bore Clinic, with Urupuntja Health Staff, 2011.

Bottom right: Sharing and caring birth stories through the arts with Local artists.



innovative nursing role to bring new opportunities

The role of a nurse practitioner is unique both within the nursing profession and for Silver Chain RDNS (SA) Group.

The role of a nurse practitioner will help provide timely access to healthcare for Australians and help rebuild the infrastructure in the community to minimise the need for people to be hospitalised or attend emergency departments.

The role of a nurse practitioner will help provide timely access to healthcare for Australians...

"The nurse practitioner works closely and collaboratively with general practitioners, other healthcare professionals and specialists to help ensure people have access to quality health care," explains Susan Hyde, a Silver Chain Nurse Practitioner.

"This innovative role also aims to improve access to treatment by providing cost-effective care to our clients, particularly focusing on outreach services in rural and remote communities," Susan continues.

Through their training and expertise, nurse practitioners are able to perform advanced physical assessment...

A nurse practitioner is a registered nurse who has completed both advanced university study at a Masters Degree level and who has extensive clinical training to expand upon the traditional role of a registered nurse. Nurse practitioners use extended skills, knowledge and experience in the assessment, planning, implementation, diagnosis and evaluation of care required.

"Through their training and expertise, nurse practitioners are able to perform advanced physical assessment, order diagnostic test and interpret test results, initiate referrals to relevant healthcare providers and prescribe appropriate medications and other therapies as needed," says Susan.

Silver Chain first used the expertise of nurse practitioners in Silver Chain Home Hospital, through the Priority Response Assessment Service (PRA). This innovation was developed to address a gap in health care services in the community. If a person cannot get an appointment with their GP or fall ill after office hours, or on the weekend, generally they will attend an emergency department or wait until a GP appointment becomes available.

We are also looking at other ways nurse practitioners can support our clients by addressing gaps in health services.

What is missing is access to advanced clinical assessment and initiation of treatment. PRA provides these interventions to clients in their homes or residential care facilities within a four hour time frame. This service, which is available 24 hours a day, seven days a week, means many clients can avoid the need to visit a hospital emergency department.

"We are also looking at other ways nurse practitioners can support our clients by addressing gaps in health services. One vital role Silver Chain nurse practitioners now play is providing primary health care to the rural and remote community where there are no general practitioners," explains Susan.

"We are also looking at what benefits a nurse practitioner can bring to wound management.

Susan Hyde
Silver Chain
Nurse Practitioner



Silver Chain manages over 2300 wounds each day. Many clients do not have a nominated doctor and Silver Chain's expert wound nurses' practice regulations, restrict them making official diagnosis of a clients' wound.

A nurse practitioner, working with the client's nurse, could diagnose the wound, order tests and medication. This would mean clients would not experience any delay in the commencement of vital treatment," says Susan.

The nurse practitioner role brings many exciting opportunities for Silver Chain and the Royal District Nursing Service South Australia (RDNS SA) to further support our clients and their families well into the future.



For more information about Silver Chain, please visit www.silverchain.org.au or call our Customer Centre on (08) 9242 0242, 24 hour, seven days a week.



For more information about RDNS (SA), please visit www.yourliferdns.com.au or call our Client Care Centre on 1300 364 264, 24 hours, seven days a week. ●

from little things, big things grow

Remote Area Nurse Sue Leverton tells an uplifting story of the birth and development of the Tjuntjuntjara Remote Indigenous School Organic Garden Project – a story of co-operation between community, school and clinic.

Tjuntjuntjara is a small isolated Pitjantjatjara community in the middle of the nature reserve within the Great Victoria Desert in Western Australia. The community is 700 km North East of Kalgoorlie, approximately half way between Alice Springs and Kalgoorlie. Access is by the once a week "mail plane" or a 700 km trip by 4WD on a road that becomes impassable with rain. This of course affects delivery of store supplies of fresh fruit and vegies.

I have used permaculture and organic techniques for most of my life (well before organic became mainstream). In March 2011,

I happened upon an organic program being used in Victorian schools on the internet. I am extremely fortunate to have been working with a progressive, lateral-thinking Clinic manager (Katie Pennington) Her immediate reaction was: "if the school is interested in the program you can have Tuesday afternoons at the school."

Tjuntjuntjara School is blessed with a wonderful small staff and the Principal Lesley Chennel and Upper Primary teacher Rae Hyde jumped at the proposal.

So there we were with a set of lessons and resources from the net, leftover seeds from Lesley, Katie and myself, enthusiasm, and no budget.

Our first two lessons were classroom based – germinating seeds on cotton wool, and learning about photosynthesis, and the needs of plants. The kids loved it.



Lesson 3 was spent planting donated potatoes from the store which had started shooting. We used the above ground "no dig" method covering them with mulch.

I have used permaculture and organic techniques for most of my life (well before organic became mainstream).

Lesley's husband fenced off an area in the school yard for our garden with recycled wire mesh and we found an old polyvinyl rain water tank which he cut into four sections for raised beds.

Our tools consisted of a wheelbarrow, a spade and a bucket. We really needed small gardening gloves, dust masks (for handling potting mix) and tools, so, with the community's approval I sent a letter off to the "Gardening Australia" magazine seeking reader donations of small items.



I thought that if we received a dozen donations that would be a great help. None of us were prepared for the response.

Within a fortnight of the letter and a photo of the kids being published, the goodies started pouring in on the weekly mail plane. The first week there were two large canvas mail bags of parcels, and this continued for weeks.

The parcels came from every state and territory; from young and old; from other schools sending seeds collected from their own gardens; families; pensioners; even the residents of a retirement village.

There were seeds of every vegetable imaginable, hand tools, gloves, dust masks, labels, garden twine, books, netting and more. One group donated a years subscription to "Organic Garden" magazine. In addition to the goods there were a number of cheques and this enabled us to purchase potting mix, and sugar cane mulch from Kalgoorlie. The kids had a wonderful time opening the many parcels.

There were seeds of every vegetable imaginable, hand tools, gloves, dust masks, labels, garden twine, books, netting and more.

We received a wonderful email from a ten-year-old schoolboy from Melbourne (Lachie Coman). He had read the letter in the magazine and, as captain of his school environment club, wanted to help us. His school held a stall on World Environment Day and, with the money raised, Lachie organised the purchase of some junior-sized tools – rakes, spades, hoes, secateurs – and rolls of shade mesh.

Lachie kept up an email correspondence with Lesley, Rae and the class and myself, learning about our community. ►►

► In the September holidays he and his father made arrangements to visit Tjuntjuntjara so he could meet the gardening class. It was only then that we discovered his father Michael was a paediatrician, and he was offering his services to the clinic during his visit!

Meanwhile the Tuesday afternoon classes outdoors in the garden saw our garden take shape. Cabbages, kale and silver beet were harvested and turned into stirfry in the home economics room: "Delicious!" was the verdict, and there wasn't a morsel left. The kids were amazed to see their humble sprouting spuds turn into a crop underneath the mulch that they had been gradually piling on top.

Their pride in what they have achieved is a joy to see.

They grew a green manure crop of legumes and turned it in....the difference in the strength and size of the crop grown in the green manure bed was apparent when compared to the adjacent bed that hadn't been green manured.

There was excitement at seeing the bean crop flower and then produce beans – and the pleasure of eating raw beans straight off the bush. In fact there were so many beans some were taken out to the old people in "sorry camp".

We found a fig tree and a mulberry tree in the community and the kids were shown how to take and strike cuttings. Several months later, they proudly started a mini orchard with strong, healthy little trees from that session.

The project was never just about "growing food". Along the way, the kids are learning plant science, a whole new vocabulary of words, maths and special concepts: teamwork and co-operation.

Their pride in what they have achieved is a joy to see. When the WA Director of Education visited the school, the kids took her on a guided tour of "Their Garden".

They pointed out all the vegies and named them, each child keen to show what they had grown. And it truly is "Their Garden". When we started, some people had doubts that the one-metre-high fence would be effective. From the garden's inception in March 2011 until the end of the year there had been no "trashing" or damage. On the occasion when younger kids have entered the enclosure whilst playing, they have been quickly ejected by the older kids. "Hey get out of there that's our garden."

The senior kids have now joined the program under the guidance of their teacher "Miss Joe". They do the heavier tasks: digging the holes for trees, repairing fences, erecting shade mesh etc.

Amongst the goodies that came in the mail were some gorgeous lime-green and hot-pink hand tools. These, and some flower seeds (nasturtiums, sunflowers) were offered to the preschool class. They now have their own raised garden bed in the preschool yard and each morning under the guidance of Miss Angie, take their watering cans to tend their garden, thus learning that plants are precious and to be cared for.

At the end of 2011, Miss Rae (Hyde) finished at Tjuntjuntjara to return home to Tasmania. The garden program continues with a new teacher and is now an integral part of the school program. ●



sue leverton

Sue Leverton has been doing relief contracts for the past 18 months at Tjuntjuntjara, a community of people she says 'she has grown to love'.

The gardening project has stemmed from her passion for gardening.

Sue completed her nursing training in 1971 at Bendigo Base Hospital. In 1988 she moved with her family to Indulkana on the Anangu Pitjantjatjara Lands in SA, for her first Remote Health contract which lasted four years. After a break from nursing she completed a re-entry program and returned to remote area nursing.

Sue worked for several years in Central Australian Communities and in recent years has worked for an agency in remote communities throughout the NT and Queensland. In her spare time, she knits for the BSS Cosy Blanket Project, makes olive oil soap, gardens and travels.

Sue and her late husband Allen first travelled to Cambodia for voluntary work in an orphanage in 2000. Through her homemade soap sales, Sue continues to support three

organisations that care for disadvantaged children: KOTO in Hanoi, Who Will in Cambodia and Bali Kids in rural Bali.

In 2010 Sue and her sister carried 40 kg of supplies for Bali Kids and, whilst there, accompanied their Clinic Nurse and Doctor on outreach visits to orphanages for health checks.

In September 2011, Sue and a friend took 20 kg of knitted garments and blankets (knitted by her 88 year old mother) to KOTO for their winter program for teenagers and children in jail. The police do street sweeps and 'street kids' are often rounded up and jailed with nothing but the clothes on their backs. Hanoi winters are freezing.

Sue's soap sales have also enabled the purchase of a new bicycle and a large supply of hygiene products for the Who Will orphanage in Cambodia.

Whilst there, she assisted the Khmer Doctor with blood collection of all the children and staff for hepatitis screening.

Home for Sue is Hardwicke Bay in SA. ●



becoming a registered aboriginal health worker



Educator Leanne McGill and Trainee AHW Group.

Wurli-Wurlinjang Aboriginal Health Service in the Katherine region helps students realise their dream to become Registered Aboriginal Health Workers. This is the process:

Wurli-Wurlinjang Aboriginal Health Service has a unique on-site education program which is specifically designed to train and assess Aboriginal and Torres Strait Islander students to become Registered Aboriginal Health Workers (RAHW). The Bessie Darrangul Martin Training Centre has been operating for seven years on the main clinic grounds and in this time there have been 13 graduates from the Certificates III and IV in Aboriginal Health Work (Clinical) and Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Practice).

The Trainees have been fully supported and mentored by a Clinical Educator who guides them through their learning and assessment journey to realise their dream to become a Registered Aboriginal Health Worker.

Wurli-Wurlinjang is a Community Controlled Aboriginal Medical Service with approximately 3000 clients from the regional town of Katherine (300 km south of Darwin), plus other clients from remote clinics.

The Trainees have been fully supported and mentored by a Clinical Educator who guides them through their learning and assessment journey...

The Trainee Aboriginal Health Workers apply to be employed in the two-year Training Program and go through an application, interview, short listing and selection process and two new trainees commence at the beginning of each year. They have an Orientation week where they learn about the organisation, the health care industry as a whole, and the concept of Health and Life care.

They are included in the "Wurli family" as learners and teachers, for it is a two-way training program, and they are encouraged to be fully involved in health care. This allows them to:

- become acquainted with other staff members and understand roles in the organisation
- learn policies and procedures through observation and working with Registered Clinical staff
- participate in a comprehensive Training and Assessment Program
- practice Trainee Aboriginal Health Workers clinical skills and work alongside other Clinicians
- attend a regional Indigenous RTO dedicated to Aboriginal Training and Assessment
- use a wide range of resources, research facilities and infrastructure for learning all skills
- embrace the Health Care System and the importance of all team members.

As an Aboriginal Health Service, we have a responsibility to maintain a high quality and dedicated Trainee Aboriginal Health Worker Program for the following reasons:

- to encourage Aboriginal people to obtain Nationally Accredited Qualifications as Healthcare Clinicians
- to retain Aboriginal people in Health and encourage further studies and qualifications
- to show that RAHW is a role model for others in their community who wish to become clinicians
- to care for, and teach, others in the community to live a healthy lifestyle
- to uphold self-empowerment and improve physical and socio-emotional health
- to ensure that health care is high quality and professional at all times for all people.

The Trainee Aboriginal Health Worker Program is important as it creates a safe learning and assessment environment for students to gain their knowledge, clinical skills, qualification and Practitioner Registration.

The Trainees learn from the Clinical Educator and the Clinicians through a variety of methods including theory and practice in the Bessie Darrangul Martin Training Centre and in the clinical setting; demonstrations; study blocks at the RTO; and external training sessions that are conducted by other organisations and RTOs.

The Trainees complete their qualifications after two years of studying and practicing a range of basic, intermediate and advanced clinical competencies along with gaining transferable employability skills and the yearning to gain further education and continuous professional development throughout their career as a Registered Aboriginal Health Worker. ●



Trainee Aboriginal Health Worker Albert Watego.

the nurse who listened to her heart

Rural Workforce Agencies have traditionally recruited and supported doctors in rural and remote communities. This year they will be expanding those services to nursing and allied health as part of a new program administered by Health Workforce Australia. For those who are prepared to make the move, there are some tremendous career opportunities for health professionals throughout country Australia. Rural nursing, for example, can be a stepping stone to the highly skilled world of remote area nursing. Following is an example of one such life-changing experience...

By Tony Wells

As you drive south from Broome to Bidyadanga, sweeping across the Roebuck Plains, the world unfolds before your eyes.

Kite hawks whirl overhead, hump-backed Brahman cattle graze sacredly in the long grass. The sky is a shimmering blue, laden with humidity.

Two hours later you turn off the Great Northern Highway past a sign of multi-coloured handprints that advertises the local arts centre. This is a good sign...it points to hope.



Sue Stewart with the Bidyadanga patient transport vehicle in the background.

The road into the community is flanked by red pindan dirt and dotted with fat termite mounds whose denizens forage at night for spinifex.

Bidyadanga itself is neat, dusty and relaxed. People amble by. Nothing is hurried.

Once known as the La Grange Mission, this is the largest Aboriginal community in Western Australia. Twelve hundred people live here. Among them is a relative newcomer who we have come to see.

Her name is Sue Stewart and she runs the local health clinic – a nurse-run clinic powered by Aboriginal health workers.

Sue Stewart's journey to Bidyadanga began four years ago when she and her husband Barry were on a trip around Australia. After leaving Gippsland in Victoria, they headed west, hit Perth, turned right and made their way up the WA coast.

Bidyadanga itself is neat, dusty and relaxed. People amble by. Nothing is hurried.

They camped one night at the Port Smith caravan park, a popular stop for Grey Nomads on the way to the pearls and pizzazz of modern-day Broome.

There that evening, under a starry night sky, they enjoyed a performance by the Family Shoveller Band, a well-known local Aboriginal group.

The mother of one of the Shovellers got talking to Sue, invited her to check out the Bidyadanga clinic, and thereby planted a seed that grew into a new life.

That woman was Christine Farrer, who works on reception at the clinic and who is now one of Sue Stewart's best friends.



Not long after returning to Victoria, Sue made up her mind; she wanted to give it a go at Bidgy.

So she quit her job as charge nurse of the dialysis unit at Bairnsdale Hospital and told Barry it was her turn now. That was code for "sell your trucking business and come with me".

Nicholson River Transport was duly put on the block and the Stewarts relocated several parallels above the Tropic of Capricorn.

As Sue drives me around Bidyadanga, pointing out the store, the swimming pool that helps to keep the kids healthy and the church, it's clear that this was a good decision.

She is happy, she has simplified her life and she is using her skills to make a difference to people she loves. There is also a lot of laughter in the Bidyadanga clinic, which makes for a wonderful working environment.

Sue is patient, has gained acceptance and, while still occasionally perplexed by some of the cultural differences between black and white Australia, has learnt to go with the flow.



Great mates...Christine Farrer and Sue Stewart.

"This is how it is," she explains, referring to a clinic where there are no appointment times.

She is proud of the strength of her new community, where traditional law is still taught. One of her grandsons had the time of his life when he came to visit Sue and spent a term at the local school. He was taken fishing, played footy in the pindan and discovered so much more than he would have sitting in a classroom back in Victoria. ▶▶



Sue Stewart at Jabilu Beach.

►► Best of all, Sue's husband – old truckie that he is – has fitted in perfectly. Between fixing washing machines and catching salmon with the locals, Barry drives the patient transport vehicle on its regular runs between Bidgy and Broome.

Unfortunately, those trips are all too frequent due to the reality of Indigenous health and its patterns of chronic diabetes, kidney disease and heart problems.

...Everybody knows everyone else and we all look out for each other.

At the end of the day, we stop out the back of Bidgy at Jabilu Beach, where the mangroves meet a broad stretch of pure, softly windswept sand.

Sue talks about fate and her experiences here as a remote area nurse. Yet there is nothing "remote" about Sue Stewart...she is totally connected.



Sue treats Madeline Jadai at the health clinic at Bidyadanga.

"That sense of community here is really important," she says. "Everybody knows everyone else and we all look out for each other."

Special thanks to Kimberley Aboriginal Medical Services Council for organising our visit to Bidyadanga. If, like me, you were wondering about that name, it means "emus at the water". ●

nursing farmers to better health

Registered Nurses Elizabeth Lawrence and Rachel Verschuren are employed in the AgriSafe clinic at the National Centre for Farmer Health (NCFH), a partnership between Western District Health Service (WDHS) and Deakin University. The clinic is based in the rural and agricultural hub of Hamilton, Victoria.

They considered the offer to present a paper titled "AgriSafe – Improving health in Agricultural communities" to the CRANApus 29th Annual Conference in October 2011 was too good to pass up. Here is a summary of their presentation.

There is no doubt that health professionals, both rural and remote, will come across farmers in their workplace. Research has consistently shown that the health of the 'farming' community is poorer than that of rural communities. Agriculture is consistently ranked as one of the three most hazardous industries in Australia and, although only 3.5% of the Australian workforce is employed in this sector, it accounts for over 15% of workplace fatalities. Rates of suicide and alcohol misuse are higher amongst farmers than the general population. Measurable hearing loss can be detected in around 2/3rds of the farming population; and the incidence of a variety of cancers are overrepresented in farmers.



Elizabeth conducts a fit test.

Farmers are at increased risk of chemical exposures, musculoskeletal injuries and zoonotic diseases... and the list goes on!

The NCFH was officially opened in 2009 and seeks to improve the health, wellbeing and safety of farmers, farm employees and their families across Australia through leadership, advocacy, service, research and education. One of the five core areas of activity of the centre is the delivery of AgriSafe programs.

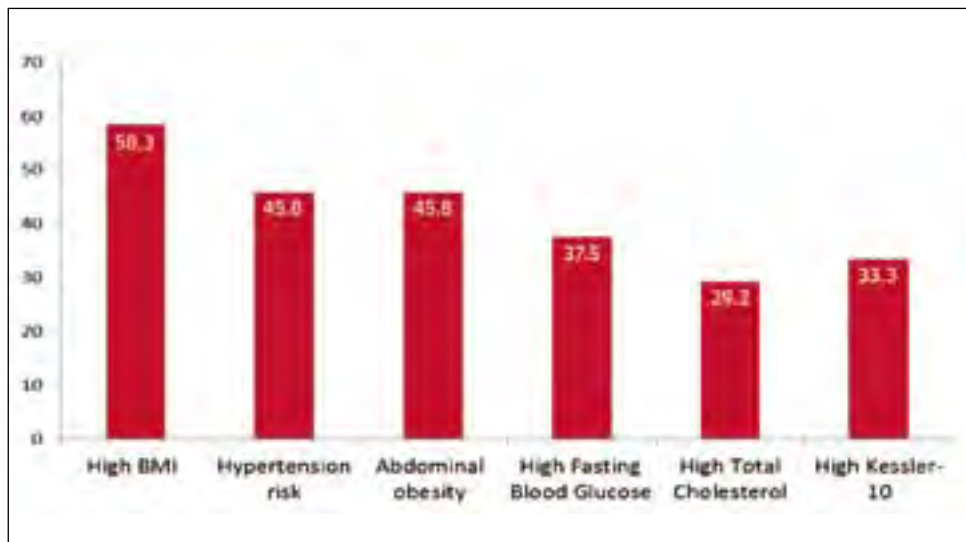
There is no doubt that health professionals, both rural and remote, will come across farmers in their workplace.

Farmers attend our clinic where we undertake a comprehensive, agriculturally-based health assessment. These assessments can take up to two hours to complete and include fasting, blood glucose and cholesterol, visual assessment, hearing assessment, blood pressure analysis, urinalysis, BMI calculation and other physiological, behavioural and psychosocial measurements.

This allows the research arm of the NCFH to paint a picture of the health of farmers in our region and it allows us as clinical nurses to be able to identify and therefore address the education needs of both individuals and groups.

Initial findings from the Hamilton clinic are demonstrated in the graph overleaf. These results reiterate the need for farmer specific health services.

AgriSafe™ offers farmers two unique services. The first is in education regarding the correct selection and usage of respiratory masks which we 'fit test' during the AgriSafe™ clinical screening. ►►



Initial findings from AgriSafe Hamilton – % of farmers with health risks (n=24)

►► We're also equipped to test for pesticide exposure for organophosphate metabolites – arguably the feature of the AgriSafe™ clinic that piques the most attention from farmers.

AgriSafe™ is specifically interested in the farmers' usage of organophosphate and carbamate chemicals, which are known inhibitors of the enzyme cholinesterase and widely used in agriculture.

...the NCFH has partnered with Deakin University to develop and deliver a university unit...

Acute organophosphate poisoning is known to induce symptoms including nausea, vomiting, bradycardia, bronchoconstriction, miosis, confusion, hypotension and convulsions and is potentially life threatening.

Chronic exposure has documented links to a variety of cancers, neurological deficits, psychological effects and chronic fatigue.



Testing cholinesterase levels.

In order for the success of AgriSafe™ to reach the wider agricultural population, we are aware that the issue of accessibility must be conquered.

For this reason the vision is to extend AgriSafe™ clinics nationally and our first affiliate is in the process of establishing their own AgriSafe™ clinic with the support of the team at the NCFH.

For those of you inspired to get on board, the NCFH has partnered with Deakin University to develop and deliver a university unit titled HFM 701 – Agricultural health and medicine. The course has recently been run in Toowoomba, QLD (in partnership with QRME) and Hamilton, Vic and involves a five-day intensive lecture program and then further group and online work. RNs and doctors who successfully complete this unit are able to apply to become AgriSafe™ providers. Successful completion of this unit can be combined with three other units for recognition as the Graduate Certificate of Agricultural Health. The NCFH also runs a biennial conference, with plans well underway

for the next: 'Sowing the Seeds of Farmer Health' from September 17–19 this year.

So, in conclusion, thank you to WDHS and CRANApus for allowing us the opportunity to deliver the AgriSafe™ vision to the delegates in Perth and to CRANApus magazine readers.

Successful completion of this unit can be combined with three other units for recognition as the Graduate Certificate of Agricultural Health.

For further information readers are welcome to email AgriSafe@wdhs.net or Mark.Atcheson@wdhs.net or to visit the NCFH website at www.farmerhealth.org.au for further information. ●





Applications now accepted for Flinders University courses in Remote Health

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

These courses aim to meet the higher education needs of health professionals who work in remote areas and for nurses transitioning to the specialty of Remote Area Nursing or who have an interest in joining the remote health workforce. The courses articulate to allow stepwise progression from Graduate Certificate through to Master's level studies.

Developed and jointly owned through a partnership of Flinders University and CRANApus (formerly the Council of Remote Area Nurses of Australia) and in collaboration with Australian College of Rural and Remote Medicine (ACRRM), and the Services for Australian Rural and Remote Allied Health (SARRAH). There are specialty study pathways for:

- Allied Health
- Medicine
- Nursing
- Remote Child Protection
- Remote Pharmacy
- Ageing and Disability



For further Information contact
Student Administrator
Centre for Remote Health
P (08) 8951 4700
F (08) 8951 4777
CRH.studentadmin@flinders.edu.au

CRANAp^{plus} corporate members



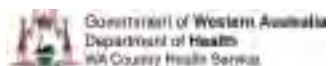
Cairns Nursing Agency is the employment gateway for Nurses and Healthcare professionals travelling to, around and through Northern Queensland and the Northern Territory



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



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



Department of Health WA Country Health Service Kimberley Population Health Unit
– working together for a healthier country WA.



First Choice Care is a privately owned Australian company, owned and run by nurses. Industry insight brings a true understanding of the work-life balance wanted by nursing professionals as well as the staffing demands of health care facilities.



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



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



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



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



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



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



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



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



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



The **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 provides primary health and emergency care to 11 remote communities throughout Western Australia where there is no resident doctor or hospital.

advertising rates

Standard rates

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

Double page		3,040	5,472	7,752	9,728
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Colour rates

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

Magazine colour insert

		9,000 single-sided	9,000 double-sided
Full size	Trim: 148mm W x 210mm H Artwork must be supplied	1,200	1,500

Magazine is printed in A5 format. Other advertising sizes can be negotiated.
Note: Back cover and centre spread are unavailable until December 2012

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. ●



Photo: Donna Lamb

CALL FOR
ABSTRACTS

CRANAplus

30th annual conference
"our pearl anniversary"

remote
pearls
of wisdom

the sebel | cairns
wednesday 24 – saturday 27
october 2012

Pearls of wisdom
from remote practice:
The getting, keeping
and passing on of
knowledge

We gain knowledge from a
variety of sources and the nature of
remote practice requires a very generalist
approach and a broad knowledge base.

The wisdom we need in remote communities is as much about the culture and community as about health
in its broadest application.

As health professionals we also have an obligation to pass on our knowledge to students, new graduates
and those transitioning to remote practice and those that are driving reform.

Abstracts are sought in consideration of the following themes:

The gaining of wisdom:

- Community/consumers
- Experiences
- Peers/colleagues/mentors/influencers
- Education
- Research
- Reflective practice

The retaining of wisdom:

- CPD
- Reflective practice

The sharing of wisdom with:

- Colleagues, students
- Community/consumers
- Decision makers

We would like to invite clinicians, educators, managers, researchers & students across all disciplines
to submit an abstract, either a paper or a poster, and encourage first time presenters to consider
a submission. An Encouragement Award will be offered to the best 'first time presentation' given
during the conference.

Closing date for abstracts: 15 May 2012

Full details are available on our website www.crana.org.au

keynote speaker



There couldn't be a more fitting keynote speaker than the **Hon. Michael Kirby AC CMG** for our 30th annual conference, which has the theme of "Pearls of Wisdom".

With an illustrious judicial career, becoming Australia's longest serving judge, followed by a very active "retirement", Michael Kirby will indeed set the scene for a truly enlightening event in October 2012.

He was first appointed in 1975 as a Deputy President of the Australian Conciliation & Arbitration Commission. Soon after, he was seconded as inaugural Chairman of the Australian Law Reform Commission (1975–84). Later, he was appointed a judge of the Federal Court of Australia, then President of the New South Wales Court of Appeal and, concurrently, President of the Court of Appeal of Solomon Islands. His appointment to the High Court of Australia came in 1996 and he served thirteen years. In later years, he was Acting Chief Justice of Australia twice.

In addition to his judicial duties, Michael Kirby has served on three university governing bodies being elected Chancellor of Macquarie University in Sydney (1984–93). He also served on many national and international bodies.

Amongst the latter have been service as a member of the World Health Organisation's Global Commission on AIDS (1988–92); President of the International Commission of Jurists, Geneva (1995–8); as UN Special Representative Human Rights in Cambodia (1993–96); a member of the UNESCO International Bioethics Committee (1995–2005); a member of the High Commissioner for Human Rights' Judicial Reference Group (2007–) and a member of the UNAIDS Reference Group on HIV and Human Rights (2004–).

Following his judicial retirement, Michael Kirby was elected President of the Institute of Arbitrators & Mediators Australia from 2009–2010. He serves as a Board Member of the Australian Centre for International Commercial Arbitration.




He also serves as Editor-in-Chief of *The Laws of Australia*. He has been appointed Honorary Visiting Professor by 12 universities, and he participates regularly in many local and international conferences and meetings. He has been awarded twenty honorary doctorates at home and abroad.

In 2010, he was awarded the Gruber Justice Prize. He is also presently a member of the Eminent Persons Group which is investigating the future of the Commonwealth of Nations;

and has been appointed to the UNDP Global Commission of HIV and the Law. In 2010, he was appointed to the Australian Panel of the International Centre for Settlement of Investment Disputes (World Bank). In 2010, he was appointed to the Gruber Foundation Advisory Board of the Justice Prize. In March 2011, he was appointed to the Advisory Council of Transparency International, based in Berlin. ●

30th annual conference
"our pearl anniversary"

remote
pearls
of wisdom

Learning & Teaching in Clinical Practice One Day Short Course

In conjunction with the CRANAplus Conference 2012

Do you supervise or mentor students or new staff?
This one day workshop will assist you to facilitate learning more effectively. It includes the principles of learning and teaching in a workplace, developing learning plans, using different teaching methods and giving effective feedback.


Place: The Sebel, Cairns

Date: Wednesday 24 October

Cost: \$100

For further Information contact
Short Course Administrator
Centre for Remote Health
P (08) 8951 4700
F (08) 8951 4777
CRH.shortcourse@flinders.edu.au

*Costs subsidised by the
Centre for Remote Health*



invited speakers



Karen Cook has over 30 years experience as a nurse in a variety of practice areas in Australia and overseas.

She worked for a number of years in nursing and midwifery regulation at the State, National and International level.

More recently Karen has been involved in workforce planning as a nursing lead with Health Workforce Australia working on the National Training Plan for doctors, nurses and midwives. She has qualifications in Health Administration and Business Administration, is a graduate of the Australian Institute of Company Directors and is Vice President of the Board of Carers Australia; the national peak body representing carers in Australia. In her spare time Karen sings. ●



Melissa Sweet is an independent journalist, media columnist, author, blogger and enthusiastic Tweeter (@Croakeyblog).

She specialises in covering public health matters, with a particular focus on under-served areas and issues, including rural and remote health, Indigenous health, and the

social determinants of health. She coordinates Crikey's health blog Croakey (which is funded by a consortium of public health groups in an arrangement organised by the PHAA), and writes for a wide range of specialist and general publications, including Inside Story and the BMJ.

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

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

30th annual conference
"our pearl anniversary"
**remote
pearls**
of wisdom

Lee Thomas is the Federal Secretary of the Australian Nursing Federation, the second largest, and one of the fastest growing unions in Australia.




Lee's priority for the ANF is to ensure that it is one of the strongest industrial, political, professional and campaigning unions in Australia. Membership growth in the private and aged care sectors and increasing members power are paramount to the ANF and to Lee.

Lee commenced nursing as a personal care attendant in aged care, and completed her General Nurse education at the Queen Elizabeth Hospital in Adelaide and subsequently her Midwifery education at the Queen Victoria Hospital in 1987.

Lee also holds a Bachelor of Nursing and a neonatology certificate, is a registered midwife, and is currently studying a law degree.

Prior to taking on her current role Lee was ANF's Assistant Federal Secretary and served as Branch Secretary of the Australian Nursing Federation (SA Branch) for eight years, where she focused on membership growth and enterprise bargaining across all sectors. ●




Primary Health Care - Short Course

**In conjunction with the
CRANAplus Conference 2012**


This 2 day workshop will enhance your ability to deliver health care within a primary health care (PHC) philosophy

Place: The Sebel, Cairns
Date: Monday 22 & Tuesday 23 October
Cost: \$200 for 2 days

**Costs subsidised by the
Centre for Remote Health**



For further Information contact
Short Course Administrator
Centre for Remote Health
P (08) 8951 4700
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CRH.shortcourse@flinders.edu.au



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The NAHRLS provides Locum back-fill support for Nurses, Midwives and Allied Health Professionals in rural and remote Australia to get away for training and leave



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Photo: Steve Batten

educate

positive feedback for ALS

Libby *Bowell* CRANAp*lus* Education Manager, says the CRANAp*lus* Advanced Life Support (ALS) program, with options for remote assessments, is successfully meeting the needs of remote health professionals who want to update their annual ALS competency.

Here **Libby** and **Julia** *Stewart* the Online Program Coordinator, explain what the course delivers.

The online CRANAp*lus* Advanced Life Support (ALS) program was developed to provide the health professional with an opportunity to undertake a structured, flexible, self-paced course, conducive to learning, which will assist in the achievement of ALS competence in the remote and rural health setting.

The program has been running for over a year, with 348 participants to date accessing the online program.



Photo: George Fort

The online program requires a practical assessment to obtain competency. There are several ways this can be obtained:

- attending an AREC course,
- attending one of the allocated ALS courses that are attached to the REC courses
- through engagement of a local ALS instructor utilising the CRANAp*lus* assessment tools
- via Skype with the Online Program Coordinator as the assessor.

...an opportunity to undertake a structured, flexible, self-paced course, conducive to learning...

Courses for 2012 are filling fast and feedback from participants is very positive. Due to demand, five one-day ALS courses attached to Remote Emergency (REC) courses and Advanced Remote Emergency Care (AREC) courses have been scheduled for this year.

The ALS program is based on the Australian Resuscitation Council (ARC) guidelines. It is endorsed by the Royal College of Nursing Australia (RCNA) and accredited by Australian College of Rural and Remote Medicine (ACRRM), and attracts continuous professional development points.



The online ALS program (9 modules) is part of the Advanced Remote Emergency Care Course (AREC) and is a stand-alone one-day program.



For dates and registration for these courses in 2012 visit www.course.crana.org.au. If you want to participate, you better be quick as the courses are filling fast.

For more information about the ALS course or assessment via Skype please visit the CRANAp*lus* assessment tools website <http://courses.crana.org.au/> Or contact the Online Program Coordinator: julia@crana.org.au or phone: 0407 658 209

Online ALS program:	\$199
One day ALS course: (including online component)	\$399
AREC: (including the ALS program)	\$750

Libby Bowell, Education Manager
Julia Stewart, Online Program Coordinator
CRANAp*lus* ●

kununurra's "remote" experience

Remote assessment has been a smooth success for Registered Nurses at Kununurra who recently opted to undertake their practical assessment via Scopia.

In January, five Registered Nurses at Kununurra Hospital obtained their ALS Certificates using the new CRANAp^{lus} program. They completed nine modules on ALS topics online and then did their practical assessment via video conference to the CRANAp^{lus} Online Program Coordinator who resides in Denmark WA.

This is the first time nurses at Kununurra have used this type of platform for professional development.

According to Jane Darlington, Staff Development Nurse at Kununurra Hospital, the CRANAp^{lus} program is ideal for staff requiring a recertification in ALS, as this service is not yet offered by WACHS Kimberley at every hospital every year.

...the CRANAp^{lus} program is ideal for staff requiring a recertification in ALS...

"It has proved to be a convenient learning method for part-time staff and staff doing night duty," she says.

"It all began when Registered Nurse Pieta Healy contacted me about the ALS program as she was struggling to obtain this essential training in the Kimberley," says Julia Stewart CRANAp^{lus} Online Program Coordinator. "We talked about her options for assessment and she was willing to try the Skype process. Soon one participant turned into five by word of mouth – and a morning was set aside for the assessments."

Julia explained that, closer to the date, Pieta found out that Skype could not be used throughout the WA country health service so,

with the assistance of Linda Hannig, Telehealth guru in the Kimberley, (officially the Regional Telehealth Coordinator and Intranet Manager), they used another web-based program – Scopia.

On the morning of the assessment, the room was set up with the required equipment and the participants enlisted the assistance of the Staff Development nurse for the Kimberley, Mary Harvey. It was beneficial to have Mary's assistance in changing the monitor rhythms and setting up for the next person.

...the hospital aims to have all nursing staff ALS certified.

The assessment ran smoothly without any technical hiccups and all five participants successfully completed the assessment on the day.

Jane Darlington says the hospital aims to have all nursing staff ALS certified.

"The CRANAp^{lus} online modules have proved an excellent adjunct to other ALS courses offered to staff," she said. "The online service can save participants expense and time needed to travel to distant locations such as Broome."

"I'd like to thank Linda Hannig at Telehealth for her help and the photos."

Feedback

'The practical assessment was done well and felt there was no disadvantage to being skyped than in person.'

'Due to logistics of our location it has shown that we are able to have continued education without having to pay for travel, accommodation and leave from work – very exciting concept.'

'After the course we have discussed doing mock arrests on the ward/Ed and one of our docs are very keen to get on board. This will be brilliant to spread the knowledge and take the fear out of dealing with an arrest situation and keep all our skills up to date.'

'The course was excellent. I have not done an ALS course before and I found the content excellent for working in a remote setting. I think everyone working in our hospital should complete the course. I have worked in ED since starting in Kununurra 3 years ago with no prior ED experience and found that this course brought everything I have been doing for all this time together, making it an easy structured experience instead of a stressful disorganised one. Brilliant!!!! Having Internet access is such a bonus as it costs us so much to travel to similar courses. A very sincere thank you to CRANAp^{lus}.'

Kununurra hospital

Kununurra hospital is a 32-bed one-ward hospital, with a 10-bed aged care unit.

Approximately 120 babies are delivered annually, and there are 1000 emergency department presentations a month.

It provides services in Emergency, Paediatrics, Obstetrics, General medical and surgical care, with visiting specialist support surgery in Ophthalmics, ENT, Gynecology, Orthopaedics, general surgery and specialist medical services.

Approximately 120 babies are delivered annually, and there are 1000 emergency department presentations a month.

The population of Kununurra is approximately 7,000 and growing with a large increase in the dry season with tourists coming to the area to see the beautiful Ord river, Lake Argyle, Bungle Bungle, El Questro station and the natural countryside.



Nurses Marita Field, Tara Robinson and Marion Carpenter photographed doing their practical assessment for the CRANAp^{lus} ALS via video conferencing.

Kununurra is the regional centre for the East Kimberley, supporting Wyndham and Halls Creek hospitals. The RFDS is based in Derby for the Kimberley, 900km away, and flies critical patients to Darwin for intensive care, 900km away; or to Perth 3,860km away.

Julia Stewart
Online Program Coordinator, CRANAp^{lus} ●

FLEC courses for 2012

Location	Dates	REC	ALS	MEC	MIDUS	AREC	AHW
Alice Springs, NT (Thurs-Sat) ■	12-14 Apr	●		●			
Cowra, NSW	13-15 Apr	●					
Darwin, NT (MEC Female)	16-18 Apr						●
Darwin, NT (MEC Male)	19-20 Apr						●
Canberra, ACT (3rd year students) ○	20-22 Apr	●					
Geraldton, WA	27-29 Apr					●	
Geraldton, WA	30 Apr		●				
Bourke, NSW	4-6 May			●			
Gove, NT	11-13 May	●					
Alice Springs, NT (REC) ■	14-16 May						●
Weipa, QLD	18-20 May			●			
Katherine, NT	25-27 May	●					
Mt Isa, QLD	1-3 Jun			●			
Derby, WA (REC)	5-7 Jun						●
Derby, WA	8 Jun		●				
Darwin, NT (Thurs-Sat) ■	14-16 Jun	●					
Pt Hedland, WA	15-17 Jun			●			
Darwin, NT (REC) (Thurs-Sat) ■	18-20 Jun						●
Adelaide, SA	29 Jun-1 Jul				●		
Thursday Island, QLD (MEC)	3-5 Jul						●
Darwin, NT	6-8 Jul					●	
Alice Springs, NT	13-15 Jul	●					
Cairns, QLD	20-22 Jul				●		
Alice Springs, NT (MEC) (Tues-Thurs)	24-26 Jul						●
Weipa, QLD (Tues-Thurs)	24-26 Jul	●					
Canberra, ACT (3rd year students) ○	10-12 Aug			●			
Darwin, NT	24-26 Aug			●			
Cairns, QLD	24-26 Aug					●	
Alice Springs, NT (Liebig) (Sun-Tues) ■	26-28 Aug	●					
Alice Springs, NT	31 Aug-2 Sep				●		
Esperance, WA	7-9 Sep	●					
Esperance, WA	10 Sep		●				
Thursday Island, QLD	14-16 Sep	●					
Port Augusta, SA (REC) (Wed-Fri)	26-28 Sep						●
Burnie, TAS	28-30 Sep			●			
Launceston, TAS	5-7 Oct					●	
Mt Gambier, SA	13-14 Oct			●			
Pre Conference Cairns, QLD (REC)	21-23 Oct						●
Pre Conference Cairns, QLD	21-23 Oct			●			
CRANApus Conference	24-27 Oct						
Post Conference Cairns, QLD	28-30 Oct	●					
Cairns, QLD	31 Oct		●				
Broome, WA	9-11 Nov	●					
Broome, WA	12 Nov		●				
Alice Springs, NT (Tues-Thurs) ■	16-18 Nov			●			
Longreach, QLD	23-25 Nov	●					
Darwin, NT (REC) ■	25-27 Nov						●
Broome, WA	30 Nov-2 Dec				●		

○ CRANC 3rd year nursing students. ■ NT Department of Health course.

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)

MEC (Maternity Emergency Care)

AREC (Advanced Remote Emergency Care)

MIDUS (Midwifery Up Skilling)

ALS (Advanced Life Support)

Endorsed or accredited by

Endorsed by RCNA (Royal College of Nursing Australia)

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

Endorsed by RCNA, accredited by ACRRM, endorsed by the Rural Locum Education Assistance Program (Rural LEAP)

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

Endorsed by RCNA, accredited by ACRRM



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



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



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

REC goes to tasmania

Karen Clarke, Administration Manager, First Line Emergency Care Program, normally spends her working day in the CRANApus Adelaide office. Here she describes her recent experiences in Tasmania which have made her more aware of the challenges faced by health professionals working in these types of environments.

It was mid November, the weather was overcast and the air brisk, the town folk of Oatlands, Tasmania, about an hour's drive (84 km) north of Hobart, were very friendly.

We were in Oatlands to deliver the Remote Emergency Care course. My role, as Administration Manager, First Line Emergency Care Program, was to assist the Coordinator and Facilitators with logistical tasks associated with the delivery of the course, as well as playing a support role in the ALS course that followed a day after the REC course. This was a great opportunity for me to meet course participants face to face, get involved and observe our educators in action!

...I reminded myself to "get over" being frustrated by the fact I couldn't get mobile phone reception for hours at a time...

The REC course was held at the Midlands Multipurpose Health Centre ("the Hospital") which provides four acute care beds, nine high care beds and nine residential aged care beds to the Midlands Community. There are also a range of Community Services coordinated by the Centre including: Disability Services, Child Health, Diabetic Education, Mental Health Services, Home Help, Home Maintenance, Ambulance Services and Community Nursing.

Right: Participants and Coordinators in Oatlands, Tasmania.

Course participants were enthusiastic and keen to learn, enjoying the networking opportunities and sharing their experiences of working in isolated and/or remote locations. For me, it made me more aware of the challenges faced by health professionals, working in these types of environments and I reminded myself to "get over" being frustrated by the fact I couldn't get mobile phone reception for hours at a time, while in Oatlands. However, if I stood outside a building, faced north, stood on my right leg, held the phone in my left hand and raised it above my head, I could at times send text messages. Yippee!!!!

On a more serious note, having an opportunity to observe and assist on one of our courses has been invaluable. I've seen how hard the team works to deliver a course that is engaging and relevant to the needs of participants. It's also wonderful to see how the work we do as the administration team, behind the scenes, ensures that people, equipment, venue and catering,

all comes together on the day, to support the smooth running of a course. I'm also in a better position now, to answer enquiries regarding the flow, pace and format of a course, as well as taking more time when people ring with enquiries as sometimes, from their corner of the world, they just need to have a chat!!

...there are challenges in reaching patients on the island at times...

Following the Oatlands courses, I had the chance to visit Bruny Island, the home of Sue Orsmond, REC Coordinator. Bruny Island is on the south-east corner of Tasmania, with the Mirambeena ferry departing from the seaside town of Kettering (35 minutes south of Hobart) a minimum of 10 times daily. There is no public transport on the island, so passengers drive on to the ferry and enjoy the pleasant 15 minute journey across to Roberts Point, North Bruny. The island is made up of a North and South Island, separated by a narrow isthmus, "the neck". The population of Bruny is around 620 and the island is around 100 km in length.

Sue, her husband Ken and Tash the dog were all such warm, welcoming hosts. We travelled the length and breadth of the island, stopping off at the Community Health Centre, at Alonnah for a visit.

The Centre offers a range of Health and Community Services, including a 24-hour accident and emergency service, provided by the nurses, with assistance of Volunteer Ambulance Officers.

It became evident very quickly that there are challenges in reaching patients on the island at times, due to road conditions and the nature of remote pockets where some residents may choose to live, or directing the helicopter to land safely in the neighbour's paddock to airlift patients to the Royal Hobart Hospital.

All too soon it was time to head back to the mainland, with lots of fond memories to take with us, along with cheeses, rocky road and creamy fudge!

Karen Clarke
FLEC Administration Manager, CRANApus ●





Photo: Steve Batten

advocate

bottom line of advocacy

Our regular articles on advocacy in the magazine are a good opportunity to reflect on topics and issues we become engaged in, to keep you informed and perhaps incite some feedback from you.

Advocacy can evoke an image of great activity, with public demonstration of the cause. However, in reality, it is more of a consistent plugging away, often behind the scenes, repeating your message, requesting meetings and writing letters and emails, and constantly doing research on topics to remain informed.

The bottom line is patience and persistence.

Some of the current "persistency's" are:

Credentialing: It is important to emphasise that, from a CRANApus perspective, this is an issue of safety and quality: being able to clearly define the requirements to deliver a safe and high quality health service in remote locations.

It is a voluntary process which we hope will add great dimension to the recognition of remote area practice as a specialty area.

The document we are developing will be put out for comment, followed by a call for Expressions of Interest for our Pilot trial of the credentialing process.

If you want to know more about this process, I am happy to hear from you and we will circulate documents as soon as they are finalised.

Formal Senate Committee submissions are opportunities to raise issues and put forward the "remote" view of the world on a range of topics.

Palliative Care in Australia is one of the current enquires which of course is very broad and encompasses a whole range of considerations. We have had discussions with the Australian Nursing Federation (ANF) as they have made a submission and were keen to have a perspective on the remote issues around Palliative care.

This is the website for the Senate committee where you can read submissions, http://www.aph.gov.au/Parliamentary_Business/Committees/Senate_Committees?url=clac_ctte/palliative_care/tor.htm

NMBA Endorsement on registration for scheduled medicines. We have submitted an issues paper to the Nursing & Midwifery Board of Australia on this issue as they have said they will review this endorsement. It has been in existence as a National Registration requirement since July 2010. However, as I am sure many of you know, there are only two courses accredited, both in Queensland, which is not accessible nor necessarily relevant to the national picture.

This endorsement impacts on a lot of Remote Area Nurses (RANs), in fact any Registered Nurses who use Guidelines & Standing Orders for administration of scheduled medicines. We will keep you informed as this progresses.

Mining: As reflected in the Nursing Review February 2012, the burden of the Fly In Fly Out (FIFO) mining workforce on health resources in rural and remote areas is quite significant. Although this article predominantly focused on existing primary health care services and General Practice, there are also implications for those mining companies who employ nurses and/or paramedics to provide Occupational Health and Safety, primary health and Emergency care, usually in the absence of onsite Medical Officers.



Photo: Amy Blom

We have been made aware of situations where bureaucratic barriers get in the way of providing an effective service, usually due to an inability to understand that the traditional general practice setting does not exist in these settings, and, as such, a different approach is needed.▶▶

There are very good models whereby best practice is in place with well-established policies, referral and consultation networks...

We feel we have a role, as with any remote health service, to promote best practice and ensure safe, quality practice.

Geri Malone
National Coordinator of Professional Services
CRANAp^{plus} 



soapbox

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

It can be anything in regard to health services in the remote context: workforce issues, access or just to let your colleagues know what is going on. And it does not need to be all negative: there might be something you really want to crow about and advocate for more of?

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

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



Health Workforce
Queensland



Government of Karnataka
KARNATAKA



8th Annual Joint Rural Health Club Weekend

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

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



If you would like more information about the weekend, please contact Deb Kay, Health Workforce Queensland P (07) 3105 7800 F (07) 3105 7801 E dkay@healthworkforce.com.au

NRHSN hits the ground running in 2012

The National Rural Health Students' Network (NRHSN) has been off to a busy start for 2012. We would like to introduce ourselves as the new Executive for the Network and explain some of our goals for making 2012 a great year for students to get involved in rural health.

James Roth from Deakin University will hold the position of Co-Chair along with Simon Reid from the University of Sydney. Both are in their 3rd year of medicine after completing degrees in Engineering and Health Science respectively.

I'm privileged to hold the position of Secretary for the Network and see this as a great opportunity to bring my influences of studying Pharmacy at the University of New England in Armidale to the plate. All of us share a common idea of taking up work in a rural area once finishing our degrees.

A core goal that drives the Network in its support of the future rural health workforce is to narrow the gap between supports available to students who are studying nursing and the many allied health disciplines, when compared with higher supports for those studying medicine. This covers things like placements, university course places for students from a rural origin and access to HECS reimbursement when practicing in a defined rural area. The National Priorities Paper developed in 2011 with the then student executive will be carried forth this year to implement the goals that are categorised in the five main themes below:

1. Rural and remote training pathways
2. Aboriginal and Torres Strait Islander Health
3. Mental health training for all health students
4. Ensuring Medicare Locals deliver for the rural and remote health sector
5. Regional development and health infrastructure

Other 2012 goals include increasing the overall awareness of the NRHSN through media, conference participation and advocacy work. We are targeting expansion of our Rural High School Visit program to even more schools, to attract high school students and get them thinking about working in rural health. In 2011 over 300 high schools were visited by our rural health clubs from Tasmania to the Top End.

We are targeting expansion of our Rural High School Visit program...

We would like to reach even more in 2012 as well as increase the involvement of students at Indigenous festivals such as Vibe Alive, Wakakirri and Deadly Days. These events are important because they get university students interacting with primary and secondary school students.

Working along with the executive are five portfolio teams who have been developing specific goals around their areas of Nursing, Medicine, Allied health, Indigenous health, and Community and Advocacy. These portfolio holders work to increase the awareness of the Network in their respective fields.

...hard-working nurses and midwives are central to the strength of our public health system.

Alyce Jackson from the Nursing Portfolio has certainly started off on a great note in 2012. She recently discussed the role of the Network and the importance of nurses in rural areas with NSW Health Minister, Jillian Skinner. Alyce who is currently working and studying in Broken Hill noted Mrs. Skinner's comment that "hard-working nurses and midwives are central to the strength of our public health system."



NRHSN photo Simon Reid, James Roth (Co-Chairs) and Ben Crough (Secretary) of the NRHSN Executive for 2012.



Meeting the Minister: (from left to right) the NRHSN's Alyce Jackson, Murray-Darling MP John Williams, NSW Health Minister Jillian Skinner, NSW Parliamentary Secretary for Regional Health Melinda Pavey, Nurse Educator Samantha Elliott and nursing graduate Nicole Bullard. Picture courtesy Gavin Schmidt, Barrier Daily Truth.

Alyce was able to outline some of the reasons why nursing graduates go to rural areas, and had her comments appreciated by Mrs. Skinner saying "It's particularly pleasing that so many new registered nurses, who have graduated from our universities, have chosen to work in regional and rural areas like Broken Hill."

We are very pleased to be supporting the CRANAP_{plus} initiative of a new student and early career graduate subcommittee, to act as in an advisory capacity to their Board.

We look forward to connecting our organisations on this new level and working together to achieve positive outcomes for students.

NRHSN representatives Catherine Ryan and Katherine Humphreys will carry forward the views of our wider network, across all disciplines.

Ben Crough
2012 NRHSN Secretary ●

climate and health alliance update

Prescribing a healthy climate

The Climate and Health Alliance held two events at the recent Melbourne Sustainable Living Festival: a forum on 'Why a Healthy Planet Means a Healthy You!' and a 'Climate and Health Clinic'.

These two events were designed to promote awareness that sustainable lifestyles are healthy lifestyles, and in particular that strategies to cut emissions to act on climate change also have significant and immediate benefits for health.

...sustainable lifestyles are healthy lifestyles, and in particular that strategies to cut emissions to act on climate change also have significant and immediate benefits for health.

The forum in BMW Edge at Federation Square featured healthy neighbourhoods expert, Dr Billie Giles-Corti; climate change psychology expert, Dr Susie Burke; Professor Mardie Townsend, researcher on the health benefits of nature; and Dr Gary Sacks on the common causes of high emissions lifestyles and lifestyle diseases. You can access some of the presentations on the CAHA blog: www.caha.org.au/blog

In what is thought to be a world-first, a 'popup' Climate and Health Clinic was established at the festival where volunteer health promoters offered hundreds of people 'climate and health checks' and if they wished, helped them design their own 'prescription' for climate and health – identifying strategies in their own lives they could take to reduce their emissions and improve their health.

The 'prescriptions' are available on the CAHA website – see www.caha.org.au to download. A report on the initiative coming soon!

New tool for green health care

A new tool for hospitals and health care settings is being rolled out internationally – the Global Green and Health Hospitals Agenda (GGHHA).

The GGHHA offers a tool that hospital and health care settings can use to reduce their environmental footprints and it is available for free, provided hospital and health care settings sign up to at least two of the ten goals:

1. **Leadership:** Prioritise Environmental Health
2. **Chemicals:** Substitute Harmful Chemicals with Safer Alternatives
3. **Waste:** Reduce, Treat and Safely Dispose of Healthcare Waste
4. **Energy:** Implement Energy Efficiency and Clean, Renewable Energy Generation
5. **Water:** Reduce Hospital Water Consumption and Supply Potable Water
6. **Transportation:** Improve Transportation Strategies for Patients and Staff
7. **Food:** Purchase and Serve Sustainably Grown, Healthy Food
8. **Pharmaceuticals:** Safely Manage and Dispose of Pharmaceuticals
9. **Buildings:** Support Green and Healthy Hospital Design and Construction
10. **Purchasing**



CLIMATE AND
HEALTH
ALLIANCE

HCWH are looking to roll out this tool in several places throughout this year – it will be launched in Taiwan in April, in Brazil in August and Beijing in October. HCWH is keen to have some Australian hospitals on board. HCWH has invited CAHA to be a strategic partner in promoting this initiative in Australia, so if you would like more information, please contact CAHA convenor@caha.org.au

Forthcoming CAHA publications

Our Uncashed Dividend: The health benefits of climate action is a joint project of the Climate and Health Alliance and the research and policy organisation, The Climate Institute.

This paper provides a concise and accessible overview of the evidence regarding the benefits to the health of the community that can accrue from reductions in greenhouse gas emissions.

The report is intended for policymakers, media, and the public and seeks to raise awareness of the evidence regarding these health benefits and to encourage the development of integrated public policy and community responses that will see the health of all Australians, and the global population, benefit.

The paper is expected to be ready for release in March of April this year. ●



clinical skills pushed to the limits

For Angela Ramsay and Ely Taylor, two students from Canberra whose clinical nursing experience to date was bound to hospitals, “going remote” was both eye-opening and refreshing.

The Urapuntja Health Service (UHS) in Utopia, a hot and dusty drive of about 280 kilometres north-east of Alice Springs, was the destination for Angela and Ely on their recent clinical nursing placement.

Arriving in Alice Springs “bright-eyed and bushy-tailed”, according to Angela, the pair were greeted by Charlie, bundled into the 4WD along with their belongings and textbooks, and driven the three and a half hours to Utopia, where they were settled in their very own little place, complete with everything they needed for their two-week stint.

Ely and I tried to absorb every piece of knowledge and wisdom we could...

Angela described the start of their first day: “At 9am we were met at the clinic (a very short walk from our abode) by the most welcoming, enthusiastic team of health staff we could have hoped for. As a student you often feel a little burdensome knowing that you are probably doubling the workload. But the nurses, doctors, aboriginal health workers, liaison staff and admin support were totally approachable, patient and seemed keen to help us learn.

“Our very first task was to check the industrial toolbox that would be loaded into the back of one of the 4WDs. This toolbox was full of medications, diagnostic equipment, pathology kits, manuals and other little things that come in handy when you are out in a community – like vitamin Cs to give out to kids.

“Ely and I tried to absorb every piece of knowledge and wisdom we could (which left us quiet and hungry by the evening!).”

Set up in the 1970s on the decentralised community model, UHS is a community controlled Aboriginal Medical Service. The UHS operation covers almost 4000 kilometres, and serves 15 outstations. Each community gets visited once a week by a team of health professionals, when immunisations, health checks, medication reviews and general complaints are seen to.



Angela found the camp dogs were friendly.



Ely doing a blood glucose test.



The children were keen to show off their family pet.

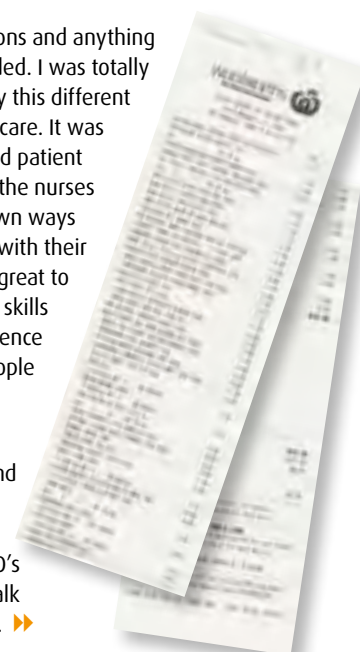
The service is focused on keeping Aboriginal people on their land and providing primary health. Abundant in Aboriginal culture and tradition, the Alyawarr and Anmatjerre people boast a slightly improved health status in comparison to the national average for Aboriginal people.

Ely outlines their daily experience: “Monday to Thursday we would go out over the dirt roads to the communities with the nurses and sometimes a doctor or an Aboriginal Health Worker. It was such beautiful country with wild flowers and desert shrubs contrasting brilliantly with the bright red soil. They had a lot of rain last season so the desert was blooming and full of life.

“When we arrived at an outstation, we would set up a little clinic out the back of the 4WD. It was quite well equipped with medication boxes, tables, chairs, computers and supplies. People would come to get a health check, get

their medications and anything else they needed. I was totally blown away by this different take on healthcare. It was community and patient centered, and the nurses all had their own ways of connecting with their clients. It was great to see the mix of skills and life experience that brings people to this kind of nursing.”

Each day wound up at about 5:30pm when Brutus, the CEO’s dog, would walk the pair home. ➤





Restocking the medical kit.

» “We sat on our patio and watched the sun go down whilst we debriefed about what the day had given us, both somewhat overwhelmed but ready to take on more the next day,” says Angela.

“This was a very different world to the wards at the hospitals in Canberra.

“Towards the end of our adventure we were sorry to be leaving and wished we could have stayed a little longer. Although we still would have made it to Utopia, without the Undergraduate Remote Placement Scholarship that CRANApus awarded us with, it would have been much more of a challenge. It took a great weight off our shoulders and we were able to fully embrace what we were being experiencing.”

According to Ely, being out in the desert really emphasised what a diverse and rewarding profession nursing is.

“We were able to see how another culture lived – their way of life and how health and illness impacted on the community,” she says.



Angela with RAN Tere.

“It was a real privilege to see and be involved in. All the staff at Urupuntja promoted a holistic approach to healthcare, which encouraged local healing remedies, such as bush medicine, coupled with the western biomedical approach.

“The biggest challenge that I found was the language barrier – I wasn’t expecting it to be so vast. I was impressed and inspired by how the health professionals were able to give comprehensive and quality care despite the language difficulties. They used basic words and gestures to explain what was happening to their bodies and to communicate what medical intervention needed to happen.

“This experience has changed my view on healthcare delivery in Australia. It has reinforced how vital holistic care is and how nurses can influence the lives of so many people across the country. I was very lucky to have a sneak peek at what it is like to be a remote area nurse and it has definitely inspired me to explore this wide country with my nursing skills. Thank you CRANApus for making it possible!



Left to right: Angela and Ely in the back of the Troopie.

“For a second year student nurse I don’t think you can get a more culturally invigorating clinical placement than going remote. Every sense is awakened and your clinical skills are pushed to new limits.” ●

Remote benefits of the eHealth record

From 1 July this year, health consumers and practitioners can register for an eHealth record – should they wish to do so.

In the belief that the people of remote areas are among those who will benefit most from this major government initiative, the NRHA is helping to disseminate information about it.

We encourage you to contact the National Change and Adoption Partners (nacapprogrampart@au.pwc.com) to obtain information about the eHealth record. Or you might like to recommend a remote eHealth champion or report on real life stories to help people relate to the benefits of eHealth.

There are more education and training resources to come and you can subscribe to further information from the Government at www.yourhealth.gov.au/subscribe

Track developments with this government initiative by checking on the E-health section of www.ruralhealth.org.au

Spread the word so that the people of remote Australia have the choice of opting in early and being among the first to benefit.

on the journey to become an RN

Julia McComb found herself in a completely different natural environment to her normal suburban Melbourne for her placement at Port Augusta. Here she describes the "priceless" knowledge and information she gained during her time there.

After over 1000 kilometres of changing scenery in my trusty Toyota I arrived at Port Augusta, a totally different world to the one I was used to: stifling heat, one street of shops, amazing, sparse scenery of the harbor, and lots of red sand. This was where I was about to commence the most enjoyable, informative placement I could ever have dreamed of.

As a third year nursing student, I have already experienced a number of different health settings but never a rural hospital such as Port Augusta Hospital and Regional Health Services.

Prevention is the best cure, but family and friends always triumph in decision-making and often personal health is not at the forefront of their priorities.

I moved around the hospital on a weekly rotation, having a very dynamic experience. I spent a week in Out of Hospital Strategies and spent my time with different health professionals all involved in tertiary care. I spent my days with Liz Lloyd & Ros Trott, the cardiac rehab care nurses who were very committed to their role. Their work starts out on the wards where the patients are educated on their disease and how they can work together on improving their health future. The patients then have the opportunity to come to workshops and rehab sessions with the intention of educating and supporting those who have suffered from serious heart problems.



View from the plane.



View from the hospital.

Michelle Zada, the Aboriginal relations nurse, was also extremely informative on the different processes and instalments in place for the best health care. I also was lucky enough to spend a day in the outbound program in Quorn where I followed the patient through from the diabetes educator, to the podiatrist and lastly to the dietitian.



Emu on the drive to Quorn.

Later on, I spent a day with the diabetes educator at Pika Wiya Health Services. Port Augusta Hospital networks closely with Pika Wiya (an Aboriginal and Torres Strait islander health service) and uses these close ties to ensure continuing care is achieved and no patient falls through the cracks.

This was greatly beneficial to me as I was able to see the dynamics of the organisation and understand the prevalence of diabetes amongst Aboriginal people. Prevention is the best cure, but family and friends always triumph in decision-making and often personal health is not at the forefront of their priorities. I learnt that different approaches are needed, as rigid health systems just do not work in rural health.

Last but not least, I spent a day with the Royal Flying Doctor Service. This was the highlight of the trip for me. ►►



My day with the RFDS was a highlight.



Front row: Michelle Zada and Liz Lloyd; Back row: Ros Trott and me.

» I learnt about all the different services they help provide to remote Aboriginal communities. I also saw just how many kilometres they cover in one day – amazing.

I found that, far more than on previous placements, the patients were hungry for knowledge, always questioning scenarios and asking why I was doing certain tests. Many patients lack basic health knowledge – for example one patient did not understand why being overweight and having a bad diet caused elevated blood pressure. I found such enjoyment in informing them of these simple health truths. There are, of course still many barriers preventing the closing of the ‘gap’. One serious problem is self-discharging. In one instance, I literally chased a patient out of the hospital to inform him that he needed to stay as he was seriously ill. I don’t know what the solution is, but I can proudly say that many Australian Health carers are fighting to find a solution.

...the patients were hungry for knowledge, always questioning scenarios...

Overall my time at Port Augusta Health Services was unique and I learnt so much more than I could ever have hoped to. I was amazed at the little things I picked up, for example the fact that Indigenous peoples in South Australia like to be called Aboriginals as it gives them a sense of identity, whereas at University I was always instructed to refer to Aboriginals as Indigenous people.

My time in Port Augusta was thoroughly enjoyable and I feel like I have gained colossal amounts of knowledge that will be priceless in my journey to become a Registered Nurse. Thank you to all involved for making my placement so successful. ●

gaining a rural insight

Phoebe Dunn, now in her second year at Flinders University in Adelaide where she is undergoing a combined degree of Nursing and Health Science with a Mental Health Stream, jumped at the opportunity to experience a rural/remote placement in her first year of training. Here she describes her three-week placement on the Medical ward at the Whyalla Hospital. Whyalla is her home town and where she wishes to return to work as a Registered Nurse (RN).

I was more excited than nervous on my first day as I knew many people who worked at the hospital. After orientation, I felt a little overwhelmed. However, after a couple of shifts, I found my groove and felt a part of the Medical ward team. I was taking up to four patients under the supervision of an RN, administering medications, carrying out vital sign observations and completing risk assessments, sleeps charts and fluid balance charts. I was also able to practice handover, which is quite an art, I believe.

After completion of my assessment, which was a Viva Voce, a clinical in-depth handover, my clinical facilitator organised shifts for me on other wards of the hospital. I was able to complete a shift on the Maternity ward where I observed babies having their three-day immunisations, heel pricks, and weight and head circumference measurements. This was a great opportunity as I wish to undertake a Bachelor of Midwifery once I complete my Undergraduate degree. I also had a shift in the dialysis unit, which was extremely informative and interesting. The manager of the unit took the time to explain the workings of the dialysis machines and allowed me to prepare them for the day. On my final shift, I was lucky enough to shadow the Mental Health Nurse. This was such an eye-opening experience. I was extremely grateful for this experience as I will be a Registered Mental Health Nurse and it is an area that I can now understand needs attention.



...I enhanced my professional standards and expanded my knowledge base.

I believe I was extremely lucky on my placement as I received ample support from the RNs, ENs and my clinical facilitator. I was able to build my confidence in my nursing abilities, which then further facilitated my ability to build rapport with my patients. I thoroughly enjoyed my placement at the Whyalla Hospital. I feel that I enhanced my professional standards and expanded my knowledge base. Placement in a rural hospital was an exciting, new experience where I was able to gain a different insight into nursing practice and explore my interest in working rurally. I would like to thank CRANAp_{plus} for their support in such a wonderful learning experience. ●

support

the experience of grief

There is no set formula for grief, says Annmaree Wilson, Senior Clinical Psychologist Bush Support Services. But talking does help.

Grief and loss go hand in hand. It is what happens when we lose a person or a thing that means something to us. Just as different people grieve differently about different things, how people grieve is a very individual thing as well. Many variables influence what grief "looks like". Our personality is an important factor in the expression of grief. In particular, what our individual personality traits are will impact on the experience of loss. As well, our age, what sort of relationship existed between ourselves and the person we have lost, what culture we come from, how much social support exists in our world and our level of spirituality all affect how grief is experienced.

The fact that there is so much variability in the grief experience means that there is no set formula for grief.

What happens for one person does not happen for another. The experience of very strong emotions that are part and parcel of grief, however, can be overwhelming. The task at hand is to get through the experience and find ways to express these emotions as well as develop other coping strategies. Most great sadnesses never go away, but with time we do learn ways of dealing with the impact.



Photo: Donna Lamb.

Sometimes people become alarmed at the intensity and newness of the feelings that they experience as a result of grief. Apart from sadness, hopelessness and loneliness, feelings of anger, relief, shock and disbelief can occur. It is important to remember that all feelings are appropriate during grief. Experiencing negative emotions does not mean that you are a bad person, just a person grieving.

Just as different people grieve differently about different things, how people grieve is a very individual thing as well.

The other important area in which people differ during grief is how they remember the individual who has died. Some people believe that they have to "move on" and that means

grieving privately and attempting not to think about the deceased. Others continue to have a relationship with the deceased through celebrating anniversaries and having conversations with them. Again, both coping styles are appropriate.



Physical and emotional exhaustion is common during grieving. It is particularly important that you pay extra special care to looking after yourself during this time. It is very important, for example, that you get enough sleep and that you intentionally relax by doing things that you enjoy.

Make sure that you eat a balanced diet with plenty of fruit and vegies and that you exercise. Be moderate with alcohol consumption. Remember that alcohol may make you feel better in the short term but this result will not last. Be kind to yourself. Let yourself cry, find a balance between spending time with people and the need to be alone. Allow yourself to have fun.

Finally, it is important to remember that talking does help. Give yourself permission to talk to a friend, or an experienced bereavement counsellor. The following services may be helpful:

- Bush Support Services available 24 hours, seven days per week on 1800 805391.
- The Australian Centre for Grief and Bereavement on 1800 642 066
- Compassionate Friends Tel: 1800 641 091
- SIDS and Kids Tel: 1300 308 307

Annmaree Wilson
Senior Clinical Psychologist
CRANApus Bush Support Services ●

conflict in the remote workplace

The Bush Support Services (BSS) unit has prepared an on-line learning module to assist remote area health professionals to effectively handle conflict in their workplace. The module responds to an established need, identified from BSS counselling-line data and from feedback given by participants at BSS workshops.

Developed by one of the BSS psychologists, Christine Martins, the module allows participants to complete the course at their own pace and at a place of their own choosing. The module allows for approximately two or three hours on-line course reading. It has been structured into seven separate Learning Packages, which each have a suggested exercise for participants to undertake in their workplace.

While the main target group is remote area nurses, it is also suitable for a wider range of health professionals in the remote context. Other professions which could benefit from the course are doctors, physiotherapists, dentists and related professionals.

The module is free, and easy to access.

The BSS team encourages all remote area staff to take advantage of this valuable tool. For further information go to www.bss.crana.org.au or contact scp@crana.org.au

Managing conflict appears to be a relevant issue for many remote area practitioners who live and work in demanding (and often stressful) environments. It is common to hear stories of times when remote health workers have experienced major disagreements or clashes with workmates.

Conflict takes many forms but is generally experienced as a clash of personalities, or disagreements between people and which can escalate from minor irritation to major clashes. These clashes generally lead to tension and frustration. And, quite often, the fallout can be overwhelming. Ineffectively handled, conflict can lead to mood disorders, low self-esteem and feelings of professional incompetence. Often, reputations can be damaged.

We always recognise it when conflict happens – but we don't always know what to do about it.

Managing conflict appears to be a relevant issue for many remote area practitioners...

The end result of conflict in a remote setting is frequently a high turnover rate of staff and employees. We all know of colleagues and friends who have moved from a community or workplace due to conflict with someone in the workplace.

While there are many reasons why such disagreements and clashes occur, there are several strategies which are known to be effective in handling the problem. The on-line learning module developed by BSS is aimed at giving people skills and knowledge to better manage and deal with this issue, and as a result develop improved relationships with others.

The module includes material on:

- the micro skills to effectively manage conflict
- managing reactions to conflict (including personality differences in the way people typically handle conflict)
- effective communication skills
- differentiating between naturally occurring conflict and the more negative behaviours of bullying in the workplace
- finding external help

The main objectives of the module are to:

- Identify the features of conflict, including the stages of conflict escalation
- Understand personal styles in effectively handling conflict
- Know key appropriate strategies to effectively defuse and handle conflict
- Identify the features of bullying behaviours as well as appropriate responses

The central focus of the module is placed on the acquisition of practical skills that can assist all of us to deal with the demands of conflict within the workplace. There is also an overview of the way that individual personality type affects the way people respond to and manage conflict. Material is presented on the need for each of us to be more aware of those approaches that work best for us as individuals.

There is a strong emphasis on the underlying premise that conflict is a natural and normal part of working with others. What makes a difference is how we deal with conflict when it inevitably occurs. This module provides the building blocks for making that difference.

There is also an overview of the way that individual personality type affects the way people respond to and manage conflict.

Bullying behaviours are discussed, but there is a distinction made between the occurrence of conflict which is a naturally occurring phenomenon and which (properly handled) can strengthen relationships, and bullying behaviours, which are always damaging and toxic. The distinguishing features of both concepts is discussed.

CRANAp^{plus} Bush Support Services
Support Line: 1800 805 391 ●



Photo: Steve Batten.

the mind/body connection



In an evening class at Stanford the last lecture was on the mind/body connection – the relationship between stress and disease. The speaker (head of psychiatry at Stanford) said, among other things, that one of the best things that a man could do for his health is to be married to a woman whereas for a woman, one of the best things she could do for her health was to nurture her relationships with her girlfriends. At first everyone laughed, but he was serious.

Women connect with each other differently and provide support systems that help each other to deal with stress and difficult life experiences. Physically this quality “girlfriend time” helps us to create more serotonin – a neurotransmitter that helps combat depression and can create a general feeling of well being. Women share feelings whereas men often form relationships around activities. They rarely sit down with a buddy and talk about how they feel about certain things or how their personal lives are going. Jobs? Yes. Sports? Yes. Cars? Yes. Fishing, hunting, golf? Yes. But their feelings? Rarely.

Women do it all of the time. We share from our souls with our sisters/mothers, and evidently that

is very good for our health. He said that spending time with a friend is just as important to our general health as jogging or working out at a gym.

There’s a tendency to think that when we are “exercising” we are doing something good for our bodies, but when we are hanging out with friends, we are wasting our time and should be more productively engaged – not true. In fact, he said that failure to create and maintain quality personal relationships with other humans is as dangerous to our physical health as smoking!

Women share feelings whereas men often form relationships around activities.

So every time you hang out to schmooze with a gal pal, just pat yourself on the back and congratulate yourself for doing something good for your health! We are indeed very, very lucky. Sooooo. let’s toast to our friendship with our girlfriends. Evidently it’s very good for our health.

Phil Cockburn
United Kingdom ●

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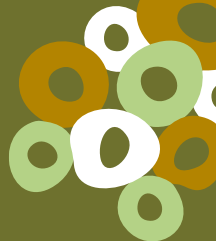
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