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CRANA *plus* magazine

the voice of remote health



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from the editor



The focus of this issue of the CRANAplus Magazine is partnerships. It's a broad term that means different things to different people. When I hear the word, it calls to mind the old adage, "it's not *what* you know, it's *who* you know that makes a difference." I believe that this is one of those inarguable facts of life. Collaboration, cooperation, and teamwork make the world go around and they are all the result of partnerships.

I've spent my life and professional career in agriculture. Much like remote health, it's an industry filled with people who pride themselves on their independence and self-reliance. I have the utmost respect for these people; in fact, I share a kindred spirit. But there comes a time for all of us when we need to admit that there are some things we can't accomplish alone. We need to acknowledge that working together might be a better solution. This applies to nearly everything we

do, from activities in our personal lives to those in our workplace and the industry to which it belongs, including the regulatory and funding bodies that control it.

It's taken me many years to realize that it's not a sign of weakness to admit that someone can do a task better than me. I no longer need to sprain my wrist to open a jar if my husband is happy to assist. Similarly, if there's someone in the office who can perform a task faster and better than me, and is happy to do the work, why not assign them the task? Or, if you're going to a remote location and can combine your work with someone from another organization, why not go together? You'll split the cost and probably accomplish the work faster and maybe even better, sharing ideas and avoiding duplication of effort. At the industry level, if three separate groups all need the same message presented in Canberra, why not unite as partners and present a unified strengthened front?

You will see several references to current partnerships in this issue, and calls for more in Carole Taylor's CEO report and her article on advocacy. I hope the contents of this publication help you generate ideas about ways in which you can forge a partnership that will help improve the quality of healthcare being provided to the people of remote regions of Australia.

Warmest regards,

Paula Waggoner
Editor, CRANAplus



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About the Cover: This photo features CRANAplus president Christopher Cliffe (on the right) while he was serving on a Red Cross emergency response unit in Haiti.

from the ceo

Among other topics, this issue of the magazine is looking at partnerships – those we have and those we are endeavoring to develop.

As a national organization, CRANAp^{plus} has managed to develop excellent partnerships and close working relationships with a multitude of organizations, both within and outside of the health sector. However, we all need to start working together more, breaking down the silos between us so that remote health funds can be more fully utilized for health, and less for administration and travel.

The spirit of independence and self-reliance are traits for which, as Australians, we are justifiably proud. However, this spirit can result in an attitude in which the importance of partnerships is often underestimated, particularly in remote Australia. It is my belief that there will never be sufficient funds to cater for the health and well-being of remote Australians if we do not start doing it better.



A lot of duplication of effort occurs among the various health organizations serving the people of remote Australia. For example, many organizations that provide services that overlap go to remote locations on the same day. I have been in remote communities where there are as many as five and six organisations visiting independently at any one time.

CRANAp^{plus} is looking at ways of bringing organizations together a little more by focusing on joining forces on remote visits, a move that would share costs and minimize the non-indigenous impact on communities.

This is not always possible, but I would like to encourage people in the sector to try and work a little smarter and a little more co-operatively. Perhaps organizations that serve the same area could have an email system, through which each group informs the others of where they are going and when, so that the costs associated with remote travel can be shared. For other ideas, we could look to the mining industry, which is better at co-ordinating movement than we are. It's time we stopped seeing partnerships solely in terms of networking opportunities. Valuable as they are in that regard, they also represent a way of pooling resources and maximizing work opportunities for the good of all.

Let's look at this as an opportunity. We at CRANAp^{plus} would love to hear from those of you who have been able to work collectively and take advantage of joint ventures. Please share some of your success stories with us so that we can all learn from each other.

I would like to wish you all a belated Happy New Year and I look forward to working with and for you in 2010.

Carole Taylor
CEO, CRANAp^{plus}



red cross mission to haiti

"It wasn't until you started treating patients that the magnitude of the human loss hits you," says Christopher Cliffe, about his recent experience as part of a Japanese Red Cross team. The President of CRANAp^{lus} was one of the first Australian relief workers to arrive in Haiti after a catastrophic 7.0 magnitude earthquake shook the tiny Caribbean nation.

After the initial shock, Christopher says the experience and training kicks in and you get to work. Every Red Cross emergency response unit around the world has the same equipment and the same process. The first step is to find an empty plot of land, set up the tents, design the patient flow including triage, minor surgery, etc., then start seeing patients.

Haiti is the poorest country in the western hemisphere. Its high-density population and annual per capita income of \$508 AUD result in deplorable living conditions compounded by civil rebellion, annual hurricanes and the

recent earthquake. Most Haitians struggle to exist under the best of circumstances. The infant mortality rate results in 84 deaths per 1000 births and only about 40% of the population has access to healthcare.

A veteran of many Red Cross missions, Christopher says that no matter how much footage you've seen, nothing prepares you for the destruction and human tragedy. "It's nerve wracking to fly half way around the world and walk off an airplane not knowing if you're safe, let alone where you will sleep or even go to the toilet, you just have to focus on the first step which was to find a suitable bit of land where we could set up the desperately needed clinic".

Despite being surrounded by dire circumstances, Christopher said the resiliency of the women and children of Haiti amazed him. After getting the mobile hospital established and operational, he and other Red Cross volunteers would search the refugee camps to find the sick or injured.

The destruction in Port au Prince was so overwhelming that it took some time for the true human cost of this tragedy to register.



During one of those visits he encountered a small 2-year-old boy with a broken leg. Someone had previously attempted to set the lower leg fracture in a cast despite there being a large open wound underneath.

"The wound was grossly infected and there was pus seeping out from under the plaster," said Christopher as he went on to explain why remote area nurses (RAN) are well suited to disaster relief work. "Everyday RANs have to work in isolation, using ingenuity and knowing how to improvise in resource poor environments. Cross-cultural challenges and languages barriers are everyday occurrences to most remote health professionals." He knew that the child needed to return to the clinic with him, have the plaster removed, the wound cleaned and the bones set, but the biggest hurdle was gaining the trust of the terrified child and surviving parent. Gaining trust and communicating across language and cultural barriers are part of the basic skill set in remote practice according to him. ►►

christopher cliffe

In addition to being the president of CRANAP^{plus}, Christopher Cliffe is the Executive Director of One21seventy, which is a not-for-profit entity administered through the Menzies School of Health Research, one of Australia's leading research institutes in Aboriginal health. One21seventy is the national center for quality improvement in Indigenous Primary Health Care.



He is an experienced clinician in the field of indigenous primary health care, having worked as a remote area nurse in a variety of remote and rural communities in South Australia and the Northern Territory. He has extensive international experience, having worked for the International Committee of the Red Cross in war and disaster zones in many locations, with missions to the South of Sudan, Abkhazia (Georgia), Afghanistan, PNG, Sri Lanka and the Bali Bombing and Boxing Day Tsunami.

Christopher has provided leadership to a variety of health care organisations during his career, specifically as Nursing Director for Remote Health in the Top End of the Northern Territory for three years (and a relief period for Central Australian Remote health), as a Director of Nursing and/or Executive Officer for a residential care facility in rural South Australia, the Leigh Creek Hospital in South Australia, and Lorne and Colac Hospitals in Victoria.

In addition to undergraduate nursing qualifications, he holds a Masters Degree in Public Health and is a Justice of the Peace.

» For all the tragic endings that he may have seen during his time in Haiti, Christopher prefers to focus on the stories with happy endings. The treatment was a long painful ordeal, but by the time it was done, he was blowing up gloves and drawing smiley faces with the little fella.

"It reminds us that basic principles of care are the same no matter where you are. Building trust in the patient and family are always a huge part of the equation."

Upon his return to Australia, Christopher has done a number of media interviews, but says talking to the media embarrasses him. "I was just using the skills I obtained as a RAN for people who were in need." Every day in Australia, remote health practitioners work in isolated conditions, often without the latest technology while struggling to communicate with their clients. According to Christopher, it's just an ordinary day for the average RAN working in remote Australia.

Christopher has no plans to return to Haiti now that the recovery effort is underway, "I've contributed what I could, the victims now have a different set of needs, and there are wonderfully skilled and prepared Red Cross aid workers on their way to continue the assistance." He encourages anyone wanting to help the people of Haiti to ensure they give money to a reputable charity, "Dollars are best because they're flexible; they can buy water, shelter and medicines. It's always very clear when you're in that sort of health emergency, that the things that will actually save most lives is clean water, access to food, shelter from the elements and basic hygiene." There's always a cost to providing humanitarian aid, but the Red Cross is an extremely efficient and effective option, "Red Cross use no more than 10 percent of every dollar donated for administrative expenses. I don't know how they can manage that, but I'm impressed that they do."

Charities and organisations such as Red Cross "do fantastic work everyday," he reminds "although they only get the media attention during major disasters, there is always a need for volunteers, donations and humanitarianism, including in our very own backyard!" ●

affordable rates for student membership

Effective immediately CRANAp^{plus} student membership rate will be reduced to \$50 per annum.

The Board of Directors of CRANAp^{plus} want to insure that membership to this organisation stays within reach of students, which has resulted in a 50 per cent reduction of student rates. "Today's students are the remote health professionals of tomorrow", says Carole Taylor, CEO of CRANAp^{plus}. "It's important that new people entering the industry be welcomed and supported in their endeavor."

Any students who have joined since 1 January 2010 and paid the \$100 rate will receive an additional year of membership at no cost. ●

editorial calendar

This magazine is published four times a year in March, May, August and December.

The 2010 submission deadlines are:
1 February/1 April/1 July/1 November

For submissions or questions about editorial content please contact the Editor, Paula Waggoner at publications@crana.org.au or (08) 8959 1117. For advertising queries, contact the Business Manager, Anne-Marie Borchers at business@crana.org.au or (08) 8408 8207. ●

clinical procedures manual

The CRANAp^{plus} Clinical Procedures Manual was created by remote health practitioners for remote health practitioners. It incorporates years of experience and wisdom into a practical, best practice guide to the many routine and emergency procedures carried out in the bush.

The second edition was recently completed and is now available for \$70, which includes shipping and handling. Orders can be placed on the CRANAp^{plus} web site (shop.crana.org.au) or by calling the Alice Springs office at (08) 8959 1111. ●

CRANAp^{plus} vice president: sue kildae

Sue holds a Clinical Chair in Midwifery as a joint appointment between the Mater Health Services Brisbane and the Australian Catholic University. She has extensive clinical experience in primary health care models and women's health in rural and remote areas of Australia and is one of Australia's leading advocates for maternity health service reform, especially in the area of promoting the return of birthing services to rural and remote areas. She is also interested in improving levels of safety, quality, and professional collaboration in the field of maternity health.

Sue has a particular interest in indigenous health and is working hard to increase the capacity of the remote health workforce to maximise their effectiveness in making a difference in the lives of Aboriginal and Torres Strait Islander families. Her experience ten years ago, as the Perinatal Health Analyst who compiled the Maternal Deaths in Australia Report, 2000–02, galvanized her to work in this field. In 2004, she was awarded the UTS Human Rights Award for her contribution to advancing reconciliation between indigenous and non-indigenous Australians for research done while completing her doctoral degree. Her PhD was an action research project examining the use of information technology to support remote maternity care that resulted in the development of several resources, including the Maternity Care in the Bush Resource Library

for CRANAp^{plus} and the Birthing Business in the Bush website.

Sue's interest in maternity health care has also taken her overseas, where she has worked as a technical advisor in several countries to develop guidelines, competencies, and protocols for reproductive health and maternity services.



Her international experience includes working as a midwife in South Africa and doing midwifery consultancies in Indonesia and Mongolia. She is currently providing technical advice to a project in Vietnam, funded by the World Health Organisation, in which she is working with national consultants, the United Nations Population Fund (UNFPA), and the Vietnamese Ministry of Health. The goal of this country-wide project, titled 'A Comprehensive Review of Skilled Birth Attendants in Vietnam,' is to make pregnancy safer overall and, in particular, to reduce the numbers of mothers who die in childbirth, especially in the primary care setting.

Sue has also been integral in the development and ongoing delivery of the CRANAp^{plus} Maternity Emergency Care course and the Midwifery Upskilling Program for Rural and Remote Areas course. ●



2010 CRANAp^{plus} c

The 28th CRANAp^{plus} Conference will be held at the Hotel Grand Chancellor on Hindley Street in Adelaide, SA. The opening function will take place on Wednesday evening 13 October and will conclude with the conference dinner on Saturday 16 October.

The theme for this year's conference is:

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

Abstracts are now being accepted and must be submitted by 15 May.

The Venue

The 4 star Hotel Grand Chancellor Adelaide (formerly Holiday Inn), is conveniently located in downtown Adelaide, just 3 minutes walk from the Convention Centre and a short stroll from the vibrant Rundle Mall. Rooms have been blocked there as well as other nearby accommodations in a variety of price points.

Positioned within the arts and cultural hub of the West End and close to the business district, the hotel is the perfect gateway to the city's many historic and unique regions. Other nearby attractions include the Adelaide Oval, Art Gallery of South Australia, Adelaide Casino, Festival Centre and picturesque Botanic Gardens.

The hotel is also the perfect starting point to experience tours of the Adelaide Hills or one of the regions famous wine tasting areas – The Barossa Valley or the Southern Vales.

Why not plan your trip South Australia to include some sight seeing or maybe some shopping and pamper yourself at one of many day spas located in the Adelaide CBD.

Visit the conference page of the CRANAp^{plus} website for links to many of the exciting attractions Adelaide has to offer. ●

call for abstracts

The 2010 conference theme is:
Remote Health – We're out there...doing it, teaching it, supporting it and researching it.

This year's conference theme is about action. It's about what remote & isolated health providers do every day. The theme is designed to draw interesting presentation topics from our conference delegates, which are relevant for remote practitioners, academics, students or anyone with an interest or passion in remote or isolated practice. CRANAp^{plus} conferences are renown for their welcoming, safe and comfortable atmosphere providing a great environment for 1st time presenters.

In order to provide our delegates with a broad and comprehensive insight in to the issues facing remote, isolated and indigenous health across Australia and the world, presenters from a variety of diverse and unique perspectives and professions are encouraged to apply. Please feel free to contact Paula Waggoner at (08) 8959 1117 or publications@crana.org.au with any questions you have about the process of submitting your abstract.

Contact information including name, title, organization, phone and email are required in the online submission process that can be accessed at the CRANAp^{plus} website.

Abstracts should address one of the conference themes and contain the following:

- statement of purpose for the presentation and
- three main objectives to be presented.

**Closing date for abstracts is
15 May 2010.**

Abstracts must be submitted electronically in order to accommodate the review process.

onference

Faxed submissions will not be accepted.

Abstracts must be in English and should not exceed 300 words. They should be typed in Times font, 12 point, single line spacing.

Graphs, tables and references cannot be included as part of the abstract.

The entire title should be spelled out avoiding abbreviations.

The maximum presentation time is 20 minutes with a further 10 minutes allocated for questions and discussion. No extension of time can be allowed due to constraints of the program.

All abstracts will be reviewed by the CRANAP^{plus} abstract selection panel, and their decision will be final.

A copy of your full presentation including any handouts, notes or PowerPoint presentation is to be submitted upon your arrival at the conference venue in Adelaide. ●

award nominations

The Aurora Award

The Aurora Award is an honour granted each year at the CRANAP^{plus} Annual Conference in which one person is recognized for his or her outstanding contribution to the delivery of remote health care. Nominating a mentor, colleague, or co-worker is an excellent way to show your respect and admiration for their contributions to the industry.

The nomination form requires submitters to provide a short narrative extolling the achievements of the nominee. Nomination forms and details are available on the convention section of the CRANAP^{plus} website.

CRANAP^{plus} Awards

The CRANAP^{plus} Awards recognize remote health professionals who have made a special contribution that improves health outcomes, or have made a special contribution to their profession in general. Nominating a fellow practitioner is an excellent way to show your admiration and respect for their hard work.

Winners will be announced at the conference dinner. The category of mentoring was added this year for a total of seven areas of recognition in the CRANAP^{plus} Awards:

- Clinical Excellence
- Research & Education
- Management
- Primary Health Care Champion
- Novice/Encouragement Award
- Collaborative Team Award
- Mentoring Award

The simple one-page nomination form must be accompanied by a short paragraph from you, describing their achievement and your reason for their nomination. Nomination forms and details are available on the website in the conference section.

All nominations for all awards must be submitted to the Alice Springs office by 1 September 2010.

Deadline: 1 September 2010

Forms available on the CRANAP^{plus} website: www.crana.org.au or by calling (08) 8408 8200

Winners will be announced at the 2010 CRANAP^{plus} Annual Conference in Adelaide, SA. ●

2009 aurora award

Remote area nurse, Robyn White, was honored with the Aurora Award at the 27th Annual CRANAp^{plus} Conference in Alice Springs.

When asked what it meant to receive the Aurora Award, Robyn said, "It brought up memories of the people who have done a lot of hard work; people who I admire and respect. It's an honour to be listed among those sorts of people."

This year's honoree received multiple nominations. She is known for her compassion and dedication to community involvement in the health care delivery system. Robyn has spent the past 17 years working on Yorke Island in the Torres Straits. Her tenure has been spent at the Massig Health Centre, where she continues to provide primary health care to the approximately 300 residents of the island.

Although she received some national recognition for having served as a technical advisor for the "RAN" television series, Robyn is best known for her creative problem-solving, including the adaptation of a wheelbarrow for the transportation of medical equipment and patients on the island that, until 2008, didn't have any vehicles for the clinic.

Robyn recalls the day she created this innovation in medical transport: "It was many years ago,

when I got an emergency call one day during a big rain. I needed to take more equipment than I could carry in the mud and pouring rain, so I put everything in the wheelbarrow and headed out." As it turned out, the patient needed further treatment at the clinic. Not a problem. Robyn simply loaded the wheelbarrow with the patient this time, holding an umbrella, and headed back out into the rain.

"It wasn't easy, but it was better than walking and it was all we had," says Robyn. "I've run up to a kilometer, pushing a loaded wheelbarrow with dogs barking at my wheels." She was quite pleased with the arrival of the new clinic vehicle but she does lament the loss of the wheelbarrow: "They have 101 uses and they never run out of petrol," she said.

Robyn has dedicated her life to remote nursing and has been a mentor to many student nurses over the years. Her advice to students and those just beginning a career in remote health is to choose a place to work that has a strong mentor available. She stresses the importance of staying informed and open to future learning, but says the most important factor is to find a community or clinic where the people support the practitioners.

When asked what she viewed as the most significant positive change in remote health care, her answer was instant: "The establishment of CRANA." Robyn joined the organisation when attending the 1984 annual conference in Adelaide. "I saw what they were all about and I've been a member ever since," she said. "CRANAp^{plus} has come a long way in a short period of time and has increased the recognition of remote area nurses and allied health workers in remote areas. That's what we need."

CRANAp^{plus} is proud of all of its members, but especially so of members like Robyn White. Congratulations Robyn from the whole CRANAp^{plus} team! ●



Robyn White and Christopher Cliffe

profile: deb beresford

Melissa and I are enrolled nurses, working at the Mayshaw Health Centre in a community of about 650 on the beautiful east coast of Tasmania. That facility has a 50-bed aged care department, four acute beds, an A&E department, and one doctor. It is two hours from a larger hospital.

“By the time dinner was over, we had both decided to become members of CRANApus!”

We became aware of CRANApus when a co-worker attended a Remote Emergency Care (REC) course in 2008 in Swansea, Tasmania. We didn't attend that course but covered the shifts

for the staff that did participate. Over the course of the three days, we kept hearing from them about what a great course it was. One night, the facilitators and participants went out to dinner and, curious to know more, Melissa and I went along to meet them. By the time dinner was over, we had both decided to become members of CRANApus!

That night, the CRANApus people also told us about the 2009 Conference and encouraged us to attend. So we applied for funding to attend it and the REC course in Alice Springs.

The 2009 Conference was an eye opener for us both as we became aware of all the issues confronting health staff in other remote areas. We have learned a great deal and also had a great time here! ●



Left to right: Deb Beresford, Leni Jarvis and Melissa Pitstock



educate

introducing CRAN*plus*' new online educational program

The tyranny of distance that plagues remote health delivery also impacts the accessibility of continuing education for remote health practitioners. To meet this challenge, CRAN*plus* called upon its members and staff to use their knowledge and experience to create an innovative educational delivery method. Today, we are proud to announce the result of their efforts – our new online educational program called eRemote. This program will complement our First Line Emergency Courses and assist in maintaining lifelong learning in health for rural and remote practitioners.

eRemote is comprised of learning modules that are engaging, interactive, and relevant to rural and remote practice. The modules encourage participants to make context-specific decisions and contain directional feedback that helps them to reflect upon their decisions and develop their critical thinking skills regarding issues they

face in the remote clinical setting. It is a dynamic learning program that will empower remote health professionals.

The Learning Opportunities

The online program has flexible delivery modes. It is also self-paced, to allow the individual health professional to complete the various modules in their own time.

Modes of delivery to support the online learner are:

- PowerPoint presentations
- Case studies
- Quizzes
- Assessments
- Text/handouts/checklist charts
- Videos
- Educational blog and discussion forums



Online Content

The content of the eRemote program is based on the information provided in the Maternity Emergency Care (MEC) and Remote Emergency Care (REC) courses, the online survey results, and the competencies that are deemed essential for safe practice. These include, but are not limited to, the following: annual BLS and advanced life support, neonatal resuscitation, management of a post-partum haemorrhage, primary and secondary survey, drug calculations, etc.

The ultimate goal of this online training program is to help create a remote health workforce that possesses the currency of skills and knowledge in emergency health care that best serves the needs of people living and working in remote and isolated regions of Australia. ►►

julia stewart

Julia Stewart is the Online Program Coordinator for the new CRANAp^{plus} online education program. Since completing her nursing training at Western Australia School of Nursing in 1988, she has had various nursing positions in neuroscience, emergency and critical care prior to her sea change in 1999 to Denmark, Western Australia to work at the regional hospital in Albany.



In the field of rural medicine, she has held positions as a clinical nurse in acute care services, as a staff development educator, and as clinical manager of acute care services. Upon discovering her passion for education, she became Staff Development Educator for the Great Southern Region, and later became a REC facilitator.

In her new role as Online Coordinator for CRANAp^{plus}, Julia is very excited to be meeting the challenge of bringing high standard clinical health education to the remote setting.

For further information about the online program, or if you would like to discuss any aspect of remote online education, please contact Julia by phone at 0407 658 209 or via e-mail: julia@crana.org.au

» The first three online courses to be offered will be: Core Mandatories, Advanced Remote Emergency Care (AREC), and First Aid for Aboriginal Health Workers. A fee of \$50 for CRANAp^{lus} members and \$70 for non-members will be charged for one year's access to any of the online curricula. Registration details and information will be posted on the education section of the CRANAp^{lus} website at www.crana.org.au soon. Trialling of programs is now underway and they should be available for general use in early June. Watch the CRANAp^{lus} Friday Flyer and website for the launch.

eRemote Module List

Online Programs	Program Topic
Core Mandatories	Basic Life Support
	Cultural Awareness
	Drug Calculations for Remote Practitioners
	Fire
	Manual Handling
	Aggression Management
	Infection Control
	Respectful Workplace
	Medico Legal Documentation
Advanced Remote Emergency Care (AREC)	ALS
Aboriginal Health Workers	First Aid

Background

In keeping with the objectives of CRANAp^{lus}, the aim of this new online program is to provide a way for isolated health professionals to maintain clinical currency and competency in emergency care in the intervals between their undertaking the Remote Emergency Care course every two years, and the Maternity Emergency Care course every three years.

A national advisory group comprised of key stakeholders was established to provide guidance in the creation of the online program, ensuring that it met the following objectives:

1. To ensure consistency in training content.
2. To increase flexibility and accessibility for the learner.
3. To ensure that timelines, budgetary, and quality requirements are continually met.
4. To develop partnerships with other external organisations that will continue the growth of the online program initiatives.
5. To develop a sustainable program, ensuring its future availability with no reliance on federal funding.
6. To provide a program in a medium that meets the unique needs of the remote health workforce.
7. To ensure that all curricula are trans-disciplinary and culturally appropriate.
8. To ensure that key stakeholders are involved in all relevant processes. ●



profile: libby bowell

Libby Bowell is the First Line Emergency Care Manager for CRAN*plus*. As a registered nurse with background of emergency and intensive care, Libby Bowell has worked in cities all around Australia. In the mid-1990s, colleagues Sue Kildae and Sue Kruske enticed her to the Northern Territory for a 'great job' and 'great place to live' with a 'great team'. Libby admits that 'great' is a subjective term, but she found her niche and settled into life and work in remote Australia.

Several years slipped by as Libby worked in Alice Springs, Wadeye and Darwin as a remote area nurse (RAN), plus many other indigenous communities as a relief nurse. Her work history also included a year in the Top End in a primary health care role for chronic disease.

"When I started, the equipment used for a course fit in a couple of suitcases. We've grown a lot since then, for each course we ship nearly a half tonne of supplies and equipment."

After four years as a CRAN*plus* member, Libby was hired by that organisation as the manager of the First Line Emergency Care (FLEC) program. She has been an integral part of the growth and development of this program. When she joined the staff, there were only nine Maternity Emergency Care (MEC) courses and nine Remote Emergency Care (REC) courses offer per year, by a group of 10 facilitators.

Since the inception of the program, the number of courses more than tripled. "When I started, the equipment used for a course fit in a couple

of suitcases. We've grown a lot since then, for each course we ship nearly a half tonne of supplies and equipment," says Libby. In 2010 more than 40 FLEC courses will be presented in remote locations around the country. The list of highly trained volunteer facilitators has grown to more than 50. There are now several sets of training equipment, which are in constant movement around Australia – always on the way to the next course.

According to Libby, "It's a dream come true to watch this program evolve." She readily admits that the growth and overall strength of the FLEC program is the team of dedicated facilitators, hard-working staff and the CRAN*plus* board of directors who have all shared in the labour.

The remote health workers served by CRAN*plus* have long known there was an unmet need for continuing education. To address that need, the organisation submitted a funding proposal to the Commonwealth Department of Health and Ageing for a significant increase over the previous year with a plan to increase the number of current courses and develop and deliver four new courses. The hope was that at least portion of the proposal would be funded. When they received notice that the entire proposal had been funded, she said, "The initial wave of excitement was followed by shock and awe. We were thrilled to know that the government recognised the skills needed for remote health delivery and the challenges of obtaining and maintaining the skills required by remote health workers. It was one of those 'be careful what you wish for' situations. We knew this was our chance to prove to everyone that CRAN*plus* can serve the evolving educational needs of remote health workers in Australia." ►►





► Libby is as passionate about the CRANAp^{plus} FLEC program as she is about health care delivery in remote areas. “People, irrespective of where they get sick or injured, are entitled to the best possible medical care. Our programs help ensure that happens.” Libby and the team of highly skilled co-ordinators and facilitators are on target to deliver more than 40 REC and MEC courses in 2010, including piloting an Advanced REC course, Advanced MEC course, Aboriginal Health Worker course and eRemote course. The demands of this program expansion necessitated the opening of a CRANAp^{plus} satellite office in Adelaide where an outstanding team of administration staff process all course registrations, in addition to arranging the logistics, travel and general FLEC program coordination.

“People, irrespective of where they get sick or injured, are entitled to the best possible medical care. Our programs help ensure that happens.”

Long before Libby joined the CRANAp^{plus} team, her collaboration and networking with fellow remote area nurses introduced her to the

International Red Cross. She realized that remote healthcare experience was a great asset for work in developing countries. Always up for a challenge and interested in pushing herself, Libby felt that Red Cross disaster relief was an opportunity to extend herself personally and professionally. She applied to be a Red Cross volunteer in 1994 and her first assignment was the Aceh tsunami.

“I have found that my experience in remote health care and my belief in emergency training for remote practitioners have proven to be great experience for me to work in developing countries,” says Libby. She now proudly claims work in several volunteer missions – Yogyakarta earthquake, Kenya floods and Solomon Island flood relief plus a public health project in the Solomon’s.

Her work with the International Red Cross is now primarily as a member of an emergency response unit with a particular focus in the field of public health in emergencies. She has continued her life long quest for knowledge with her passion for health care by earning a Masters Degree of Remote Health Practice and a Graduate Diploma in Disaster Management and Refugee Health.

Libby will be in Haiti before this article goes to print. That assignment will be for approximately one month. We wish her and all of the CRANAp^{plus} members assisting in disaster relief around the world swift travels and a safe return. ●

profile: russell deal

Late in 2009 CRANAp^{plus} signed up its first social worker member and its first publisher!

Russell Deal is one of the few people anywhere who wears both these hats. He is the Managing Director of St Luke's Innovative Resources, the publishing arm of St Luke's Anglicare in Bendigo, Central Victoria.

It is nearly two decades since St Luke's stumbled into the world of publishing when they produced 500 sets of 'Strength Cards' to help their clients identify, mobilize and celebrate their strengths.

Up until this time the social work profession had few 'hands-on tools' for use in building conversations about change, growth and healing. St Luke's has pioneered the use of visual and tactile materials that invite people of all ages to think about, and to talk about, the important things in their lives – in ways that words alone can often struggle to do.

Innovative Resources prides itself on creating original materials that are culturally relevant to Australian children, families and human service workers. All their publications have grown out of, or been inspired by St Luke's social work services throughout north-central Victoria and into the Riverina region of NSW.

'Talking Up Our Strengths' is a great example of the wide array of resources available. It is a set of 22 full colour, photo-montage cards that visually describe the strengths of Aboriginal and Torres Strait Islander families, communities and cultures. Innovative Resources first had the idea to publish a card set about indigenous strengths over 10 years ago. However it wasn't until invited by SNAICC, The Secretariat of National Aboriginal and Islander Child Care to co-publish, that this dream was realized. 'Talking Up Our Strengths' was released in December and is such a positive and unique resource that it deserves to be found in every school and community service throughout the country.

St Luke's have always had a strong rural focus to their service philosophy and service delivery. They work on a daily basis with families touched by drought and other natural disasters. Several of the devastating bushfires of last February were right on St Luke's doorstep so it was gratifying that all the counsellors and case managers were provided with a 'tool kit' of many of Innovative Resources' materials.

"St Lukes is keen to be of use to rural and remote human services workers..."

Innovative Resources has a particular interest in the needs and challenges of workers in rural and remote settings. As well as publishing original materials that have found their way into many remote communities in Australia they also provide an active on-line resourcing service for isolated workers. They have an actual bookshop in Bendigo that serves as a resource centre for local workers, but in addition they have an ever-growing website full of books and other materials recommended by enthusiastic customers.

Finally, Russell runs his 'Travelling Toolshed' workshops wherever invited throughout Australia. This normally takes him to every state every year. These one and two day workshops give lots of practical ideas for using Innovative Resources materials and link St Luke's strengths-based philosophy to the growing interest in the use of creative arts in therapy, counseling and human services.

St Lukes is keen to be of use to rural and remote human services workers from all professions and roles.

If any of their services are of interest please contact us at: info@innovativeresources.org or by phone on (03) 5442 0500 or check out their great website: www.innovativeresources.org ●



advocate

the never ending battle

When Parliament recesses for the holidays, you might think that we at CRANAP^{plus} can also rest from our efforts of advocacy for a while. But that isn't the case in remote health.

There are always issues of funding to be dealt with that require producing reams of paper work for submissions. Justifying the work we do to decision makers, who don't understand the reasons for the high cost of health care delivery and training needs in the remote sector, seems to be an eternal battle. The scene never changes. No matter how often we are told that "things will be looked at in a more sustainable manner," the fight continues.

One of the most difficult aspects of the advocacy role of CRANAP^{plus} is the constant need to educate new, well-intentioned public servants who have no real understanding of the issues confronting those of us who work in remote health. The need for continuing education to maintain practitioner's clinical skills, and the

challenges inherent in remote life are just two of the many issues about which we must educate new legislators.

"Every member of every organization involved in remote health needs to be able to explain clearly and succinctly what it is we need in our sector."

It often seems as though the need for explanation will never end. Remote health delivery is a small industry. We are a few thousand people delivering health care to just 20% of this country's population. However, that 20% is scattered across roughly 80% of this country's landmass, a distribution of population that presents some unique challenges.



The majority of our fellow Australians can't conceive the idea of not having access to the latest in medical technology, let alone the nearest clinic (often without a physician) being 100 kilometers down a dirt path. Every year, we in remote health have to explain to new bureaucrats how and where we work, how and why continuing education must be delivered in remote locations, and how we are quite alone in this space.

People join organizations like CRANAP^{plus} because they can't get to Canberra or even their state or territory capital to lobby. That will always be a primary role for us. CRANAP^{plus} has been delivering the message that "remote health counts" for over twenty years, and we will continue to do so with pride and passion. But the time has come for all the forces within remote health to join together in telling our story. Every member of every organization involved in remote health needs to be able to explain clearly and succinctly what it is we need in our sector.

We don't expect you to be a subject matter expert or a professional orator. However, it's useful to have a few key bullet points in your arsenal the next time you encounter someone who needs a better understanding of remote health care. Following are a few of these:



Points to remember in discussing our industry:

- Remote is not just geographic – it is professional, personal and/or geographic isolation.
- Health care in remote Australia is carried out by a variety of highly skilled health professionals.
- Remote Australians do not have equitable access to health facilities or specialists.
- Remote Australians rarely have continuity of care as retention of staff in remote clinics is difficult to achieve.
- There is no understanding in the wider community of the challenges of living and working in remote locations.

There are times when the word advocacy could well be supplanted by the words "nag," "badger," or "debate." I prefer "educate." But whatever we call it, the need for it will never end, so it's essential that everyone in the sector come together, find common ground, and work together to accomplish our mission by getting our message across.

As we start another year, why not take up the challenge to help tell the remote health story? Look for opportunities to collaborate with another person, organization or entity to bring attention to the needs and challenges of this sector. Together we can make a difference.

Carole Taylor
CEO, CRANAP^{plus} ●

CRANAp^{plus} student member lobbies parliament

by Kristyn Comino

Reprinted with permission from the 11 December edition of the University of Canberra Monitor.

A University of Canberra nursing student is blazing ahead in her campaign to give student nurses more opportunities to help in rural and remote communities, resulting in a meeting at Parliament House.

Stephanie Jeremy is seeking more equitable distribution of funds between nursing and medical students who wish to undertake rural or remote placements. She has had the opportunity to discuss her concerns with the Minister for Indigenous Health, Rural and Regional Health and Regional Service Delivery, the Honourable Warren Snowdon, during a meeting held with his advisors at Parliament House on Wednesday 8 December 2009.

The 39-year-old mother of two has been to conferences in Cairns and Alice Springs on rural issues, attended a round table forum for the National Health and Hospitals Reform Commission and was involved in the intervention in various areas of the Northern Territory in the role of medical administrator.

"I'd always wanted to be a nurse ever since I was a little girl, I'll be 40 next year and I'm just blessed to be here," Stephanie said. "Going on the intervention just lit my fire and energised me to chase my dream of being a nurse and working in rural communities around Australia."

Stephanie is treasurer of rural health club the Canberra Rural Allied health and Nursing Collective (CRANC), which is funded by the National Rural Health Student Network (NRHSN). Through CRANC she won a scholarship to attend the 27th Annual CRANAp^{plus} Conference.

"This conference was just fantastic I felt so lucky to be there..."

"This conference was just fantastic I felt so lucky to be there. I proudly wore my UC shirt and had a big goofy grin on my face the whole time because it was so good to be there."

Mr Snowdon attended to both open the conference and launch the latest edition of the CRANAp^{plus} Clinical Procedures Manual. Along with other conference delegates and fellow



Left to right: Jessica Lew, Warren Snowdon and Stephanie Jeremy.

nursing student Jessica Lew, Stephanie was invited by Mr Snowden to be involved in a round table forum for the National Health and Hospitals Reform Commission where they had the chance to voice any comments or concerns about the reform. From this forum, she was able to take her concerns to Parliament House this week.

"It was really awesome that students were able to have their say," Stephanie said of the forum. "We were able to go and have our say and

push our agenda that requires more equitable distribution of funds for placements to make it more equitable between medical and nursing students and we were told it was written into the report."

Currently also in the process of organising a Remote Emergency Care Course for students interested in nursing rural and remote areas, Stephanie hopes to work in remote Northern Territory when she completes her degree. ●

representing the interests of remote health and our members

CRANApus works with a wide range of groups and organisations to ensure the interests of remote health and our members are represented.

These partnerships help keep our issues on the forefront and lines of communications open. Here are examples of the places our organisation has representation:

Australian Psychological Society
Telephone and Internet Counselling
Interest Group Committee

Centre for Remote Health: Back from
the Edge High Level Reference Group

Coalition of National Nursing Organisations

Commonwealth Department of Health and
Aging Eligibility and MBS technical workshops
for the Maternity Services Package

Core Competencies and Education Framework
for Maternity Services in Australia

Counselling Program Group University
of New England

Expert Advisory Committee: Development
of MIDURS: Midwifery Upskilling Program for
Rural and Remote Areas

Expert Advisory Committee: Indigenous
Working Group for National Evidence-based
Antenatal Care Guidelines

National Health & Medical Research
Council Maternity Collaboration Project
Reference Group

National Nurse Practitioner Advisory Group

National Nursing and Midwifery Stakeholder
Reference Group

National Primary Health Care Roundtable

National Rural Health Alliance

National Technical Reference Group
on Clinical Guidelines

Office of Rural Health: Funded Program Review

Queensland Health Rural and Remote
Training Working Party

Remote Area Health Core Advisory Board

Remote Manuals Project Governance
Committee

Rural and Remote Health Roundtable

Teaching and Learning Conference
Advisory Group

Veterans Affairs Health ●



support

investing in yourself

In my daily encounters with people, I am constantly surprised by the fact that many people just don't have the time to think about how they are feeling. I don't mean how they are feeling physically, but emotionally. The stresses of working remote – attending to patients, doing the endless paperwork, dealing with colleagues, and so on – often mean that people simply aren't investing in themselves. Living in a constant state of busyness can result in your own emotions being ignored until they sneak up on you, becoming expressed in anger or other negative ways, and leave you feeling like you're running on empty.

This is a challenge because our emotions influence our decision-making ability: why we do the things that we do. This is true even if you are able to give rational, logical reasons for your decisions. Despite the influence of our emotions on our actions, however, we still always have a choice. Behind every action is a choice that

we made. This is why it is important for your overall wellbeing to make time to tune into your feelings. Only then can you understand why you are making the choices you make, and be able to choose differently to result in an action that will make you feel better about yourself.

"Living in a constant state of busyness can result in your own emotions being ignored until they sneak up on you, becoming expressed in anger or other negative ways..."

There are a number of steps that can be taken to improve how we feel about ourselves. The first of these is to actually set aside some regular time to think about how you are feeling.



Ask yourself, for example, why you made a certain decision recently and separate the rational reason from the emotional; perhaps use a journal and write down your thoughts. By taking the time to think about your decisions and choices, you are investing in yourself. Other ways of investing in yourself are by reading personal development articles and books, by talking to a counsellor, even by simply taking the time out to watch a DVD. All of these things help you to recharge your batteries and ultimately feel better about yourself.

The second thing that you can do to feel better about yourself is to invest in the personal relationships that you have. We all have a need to connect with other people, no matter how much we enjoy working remote! We need to have friends and to be loved. We need to share our experiences and to have others share theirs. Make the time to invest in others, either in person, or by telephone or email.

Next time you are in town, have coffee with that friend you've been meaning to catch up with.

The third thing that allows us to invest in ourselves is working out what your values are. To feel good about yourself, it is crucial to know that your actions are in harmony with your beliefs. This is difficult to achieve if you are not sure or have not contemplated what it is that's important to you. One of the ways of achieving this is to give yourself the time to ask questions:

- What is important to me?
- How do I like to be treated?
- What am I not willing to compromise on?

The fourth concept of self-investment is about celebrating who you are and what you have. This idea is really about being in the present and not spending too much time thinking about the past or the future, especially in terms of what you could achieve up ahead. By celebrating what you have, you stop comparing yourself with others.

The fifth step of self-investment is to seize the day. So many people let the daily grind wear them down. It's important to remember that we are all in the same boat! We all have family problems, financial struggles, and heavy workloads. How we think about these things really determines how happy we are with our lives. By taking the attitude that life is a challenge rather than drudgery, you are investing in yourself and it will pay off in terms of how you feel about every aspect of your life.



Annmaree Wilson
Bush Support Service ●

cosy blanket project

Knitting is a great way to relax and help others keep warm this winter. This stress-buster knitting project is a great way to click-clack your way to inner tranquility while making blankets to be given to those in need this winter.

We'll turn your squares into cosy blankets made from the heart. We'll be working with charitable organisations to help identify people who could use a cosy blanket.

You don't have to knit a whole blanket, a few squares will do. Even if you are not a knitter, it's easy peasy!

Here are a few simple guidelines to follow:

To make a 25cm knitted square:

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

BSS will happily provide the needles and wool free of charge. Please send knitted squares to: Bush Support Services, CRANAp/plus, PMB 203, Alice Springs, NT 0870.



The first blanket has already been received from Allison Wilkinson on Thursday Island. The blanket is shown here being tested by BSS staff person Laura Nelson.



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

Photos of blankets and recipient details will be on the website at www.bss.crana.org.au ●



BSS road show

A Bush Support Services psychologist, Mark Millard, is about to embark on a working holiday to promote BSS and the *CRANApplus* organisation.



Mark is kicking off his remote road show in the Torres Strait Islands in late February. He is hoping to travel to a large number of remote communities all around Australia to visit health facilities, get together with the staff and promote the suite of programs offered by *CRANApplus*, and also offer services on behalf of BSS.

Where possible, remote communities will receive advance notice of Mark's visit so that they can have the kettle on for a nice cuppa and chat! (Mark is threatening to make the scones!) He is planning on keeping a blog of his travels on the BSS website (bss.crana.org.au) and we will also keep you updated on his journey via the weekly Friday Flyer. ●



stress buster competition

The staff members of Bush Support Services are always amazed at the creativity of people working in remote areas when it comes to looking after themselves. We are so impressed that we want to gather your ideas and share them with others through a “Stress Buster” competition.

To do so, we will need individuals or teams of people to document or devise how they prevent or deal with day-to-day hassles that are part and parcel of working remote. (For example, a team could be two single post nurses who work together via telephone or email, even though they may live and work hundreds of kilometres apart.) You may already have something that works for you, such as bird watching, walking, meditation, or chatting with friends on the phone. If not, now is the time to put your thinking cap on!

To enter the competition, all you need to do is register with Laura at laura@crana.org.au and send us your documentation in the form of photos, videos, scrapbooks, or any other type of evidence that demonstrates your creative outlet.

Evidence of your stress-busting regime must be submitted to the CRANAp^{lus} office in Alice Springs no later than 15 September 2010.

Winners will be lauded and applauded and possibly made famous, so they will need to show us that they have been creative and stuck to their routine. Winners will be announced at the 2010 CRANAp^{lus} Conference dinner on 16 October, in Adelaide.

Looking forward to your participation in this, our first ever competition! ●

Cosy Blanket Project

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



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

We're just a phone call away!

Bush Support Line
1800 805 391
toll-free support line

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

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



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