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CRANA *plus* magazine

the voice of remote health

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educate 46
advocate 60
support 70

from the editor



Conference here we come!

Only weeks out from our 30th National Conference in Cairns: Have you registered yet?

This conference is a milestone event for our organisation and we encourage you to join us as we celebrate how far we've come and how we have grown from those early beginnings.

Our annual conference is a great event to catch up with colleagues and renew old acquaintances. If you are new to the remote health sector or considering a career move, our conference is the perfect vehicle to develop networks and hear stories from presenters and delegates about their experiences and what it is that fires them up to work and live remote.

In this edition we have inspirational stories from members giving an insight into where and why they practice where they do.

This edition is filled with introductions: you will meet the Aboriginal and Torres Strait Islander Health Practitioners joining the FLEC Education Team.

We welcome FOUR new Corporate Members to the CRANApplus family: NSW Air Ambulance, the third largest ambulance service in the world; QNA Healthcare, a boutique nursing agency specialising in contract and permanent recruitment solutions; Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation (WDNWPT) a non-profit NGO providing holistic care to renal clients and their families in the Western Desert region; and the Derby Aboriginal Health Service, as an Aboriginal community-controlled organisation, the DAHS is committed to core principles including Aboriginal self-determination, access, equity, empowerment and reconciliation.

You will find the bios of the two nominees for the Board of Directors position which is to become vacant due to the retirement of Lyn Hinspeter.

Finally, we introduce our 1300th member Suzanne Price who is an employee of a Corporate Member and as such, Suzanne received a discounted membership rate. If you are an employee of one of our highly valued Corporate Members (pages 40–42) mention this when joining or renewing membership to receive your discount.

We would like to congratulate outback icon Frontier Services, who, on 26 September will celebrate 100 years of health service delivery to the people of remote Australia.

Read on and we hope to see you at Conference!

Anne-Marie Borchers
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About the Cover: Stanley Ozies, Aboriginal Health Worker at Derby Aboriginal Health Service. (Photo: Courtesy Wayne Quilliam Photography) (Read more on page 6).

from the ceo

Spring is a time to regenerate

Our annual conference is just around the corner and celebrating our 30 years as an organisation fits in very nicely with my feelings of regeneration and celebration.

And we do have a lot to celebrate. We are still as relevant as the day we started. We are certainly bigger: but still have that 'family' feel. We still have the same passion for the remote sector and those who work and live within it. And we still have the desire to improve remote health outcomes. All of us.

It is interesting that we have gone from 300 to 1300 members in just four years. And the members we have now are just as dedicated, hard working and passionate as those who made up that smaller group at the beginning.

Our membership has changed. We now have doctors, Aboriginal Health Workers and Practitioners, paramedics, dentists and pretty much all professions that make up the remote health workforce. We have members who come into the sector intermittently and those who live there permanently. But the one thing we and they all have in common is a love, respect and desire to meet the challenges in remote health.

So, in this article, I ask you to really celebrate successes and not get bogged down in the difficulties. Remote health is far too often characterised by the challenges, the sorrows and the stresses: and we know only too well that they exist. But alongside that are the things that make it all worthwhile: the little successes that happen every day, that get overlooked in the bigger picture. The reinforcement of why we are there.

Celebrate your role in this challenging but beautiful sector.

Think about what you will and have experienced, that will never be seen or known to those outside.

In some ways this has been a sad year for some members, but it has also been one where we have continued to try and make a difference.

This is why we do what we do.

The Conference is a great time to learn and to teach but it is also a fantastic time to be with people who share our passion.

Come along this year, and talk to others who share your experiences, your sadnesses and your achievements.

I really hope to see you there.

Carole Taylor
CEO, CRANApplus





engage

from the president



The recent tragic death of one of our members, an experienced remote area nurse, in a car accident while evacuating patients to an awaiting RFDS aircraft near Marble Bar in WA, has shocked and saddened us all. Our deepest sympathies go to her family and colleagues as they come to terms with this loss.

CRANAp^{lus} has been warning of the danger associated with single clinician posts for many years. We have been adamant that organisations must mitigate these risks. A tragedy like this must be an industry wake-up call and I sincerely hope that an inquiry into any contributing preventable factors is undertaken and shared throughout our industry.

Remote and isolated health providers work under extremely difficult situations with inherent risks. As such, it is imperative that all aspects of staff safety is regularly reviewed in accordance

with latest best practice: areas such as fatigue management, vehicle safety, evacuation protocols and clinical decision-making, along with staff preparation, education, orientation and support.

CRANAp^{lus} has been warning of the danger associated with single clinician posts for many years. We have been adamant that organisations must mitigate these risks.

With a federal election only a short time away, your leadership team has been working tirelessly to ensure that our Health Ministers, Shadow Ministers and minor parties all understand the importance of remote health.

Regardless of who is currently in power, we must strive for equality and consistency within remote health to ensure quality and safety, and we must empower our health professionals to enable them to increase their scope of practice to improve access for our remote patients.



Due to the void of population health data about remote (Medicare data doesn't always quite cut it!), we need to create innovative ways to ensure Medicare Locals and Hospital Networks have the correct information to effectively plan to meet the health care needs of their remote constituents.

To finish, the CRANAp^{lus} board met in Sydney in June to flesh out the next five-year strategic plan for your organisation.

More detail will be forthcoming as work is undertaken, but safe to say that, although we are growing and strong, we have exciting areas to develop further.

We obviously want to be better at what we do, ensure we meet more and more of the needs of the workforce and be widely accessible, but we are also keen to set benchmarks and standards for our industry to strive toward a strong sense of professional pride and self worth within the remote health workforce.

I think we can do this and more, with the values of integrity, respect, excellence, inclusiveness and a strong underpinning of social justice.

Cheers.

Christopher Cliffe
President, CRANAp^{lus} ●

nominations for board of directors



nick williams

MB.BS., DipRACOG, MSc (Primary Health Care), Fellow of the Australasian Faculty of Public Health Medicine, Fellow of the Australian College of Rural and Remote Medicine

Nominated for Committee Member

Nick Williams was born in the mid-north of South Australia and trained at Adelaide University, graduating in 1980. He has considerable public health experience and has worked in Indigenous health for over 21 years in Africa, northern Canada and central Australia. He was the Senior District Medical Officer in Alice Springs for seven years in the nineties, providing RFDS evacuations and community medical services to remote Aboriginal communities.

He was extensively involved in the initial development of the CARPA Standard treatment Manual and is on the current editorial committee for the Remote Primary Health Care manuals.

He worked in general practice/public health at the Parks Community Health Service for 12 years until 2011. He maintained his emergency medicine skills with weekly sessions at Queen Elizabeth Hospital Emergency Department throughout this time.

In 2009 he undertook a three month ICRC humanitarian mission to the North West Frontier Province of Pakistan and continues to be available for ICRC Emergency relief duties.

He has been a facilitator for the CRANApus Remote Emergency Care program for over 12 years.

He lectures in Aboriginal Health/Public Health at Adelaide University.

Nick is currently working with the Aboriginal Health Council of South Australia as a GP Supervisor, Aboriginal Health. This involves supporting the GP workforce in rural and remote Community Controlled Aboriginal Health Services in SA and supervising GP Registrars.

He spends more than sixty per cent of his time working in rural general practice, and loves it.



brycen brook

Director of Nursing, Central Australia Remote Health, NT Department of Health

Nominated for Committee Member

I completed General Nursing Training at the Maryborough Base Hospital, Qld in 1976

and worked as a Registered Nurse for a further 12 months after completion of training.

In 1977, I moved to the Northern Territory and worked in the Alice Springs Hospital for three months. I then transferred to Remote Health and worked for three years as a remote area nurse in Papunya, Haasts Bluff and Yuendumu remote Aboriginal communities between 250 km and 297 km north west of Alice Springs. Much of this time was as the Health Centre Manager in the three different locations.

Due to my lack of knowledge/experience and many close calls, in 1981 I took leave without pay from the NT Department of Health to undertake Midwifery training at Westmead Centre, NSW.

On completion of midwifery training, in 1981, I returned to the Northern Territory to take up the position as Health Centre Manager, Ali Curung Health Centre, a remote Aboriginal community 170 km south of Tennant Creek, until I transferred to Alice Springs in 1985. Whilst at Ali Curung, I attended the first CRANA conference to give a presentation on the role of Aboriginal Health Workers.

When I transferred back to Alice Springs in 1985, I commenced in the role of Aboriginal Health Worker Educator for the Department of Health for approximately three years.

In 1988 I was appointed to the Assistant Director of Nursing position in Remote Health for 12 months after which I transferred to the role of Central Australian Remote Quality Improvement Coordinator.

After I commenced in the Quality Improvement Coordinator, I completed the Bachelor of Health Science (Nursing) degree.

In 1990 I was asked to take on the role of Executive Officer for Remote Health in Central Australia, a newly created position which supported the General Manager.

I was in this position for almost five years and then following a short time as Director of Community Health Services (Urban), I transferred to the Business Manager position in Urban Community Health Services, Alice Springs. I completed a Graduate Certificate in Management whilst undertaking the Business Manager Position.

Following this I went on to manage the Regional Business and Support Service for Central Australian Health Services before taking up the role of Manager, Central Australian Alcohol and Other Drug Services until I transferred back to remote health in 2006 to take up the role of Manager, Primary Health Care Access Program.

In August 2008 I was successful in my application for the Director of Nursing, Central Australian Remote Health position which I still occupy.

During my employment with Community Health and Alcohol and Other Drugs, I was actively involved in accreditation processes for both services. I have been actively involved in nursing issues pertaining to remote health nursing in the Northern Territory for much of my career. I am currently undertaking a Diploma of Management course. ●



recognising remote area health heroes

"You can be a Health Hero too" is the message of the Australian Government's Health Heroes campaign, which aims to increase the number of Aboriginal and Torres Strait Islander people working in health. We talk to two people who are supporting the campaign, and explore their journey into the health sector.

Milly Cahill is a Child Health Nurse in the Broome Regional Aboriginal Medical Service. After joining the health service in Western Australia as an Aboriginal Health Worker, Milly was persuaded to study nursing by a group of local nurses.

Milly cites the opportunity to help her community as a major factor in her career decision, and says she loves working as a nurse in a smaller community setting because it allows her to build strong relationships with community members and other service providers.

"I love working with children, their mothers and the wider community to help deliver the best health results possible for our kids," she says.

"I love working with children, their mothers and the wider community to help deliver the best health results possible..."

Milly's story is just one of many which feature as part of the Australian Government's *Health Heroes* campaign, which aims to encourage more Aboriginal and Torres Strait Islander secondary students to pursue a job in the health sector.

"If you want to work in Indigenous health, you have to be passionate about it," Milly says.

"We need more Aboriginal and Torres Strait Islander health professionals. We know our communities, we know the everyday issues everyone faces and we can therefore contribute to long-lasting, positive health impacts in our communities."

Not too far away, in the Kimberly, Stanley Ozies followed an unconventional pathway to his current role as an Aboriginal Health Worker at Derby Aboriginal Health Service.

"I had been working as a road grader and a heavy machine operator," says Stanley. "I came into town for a break and was asked if I'd do some driving for the local Aboriginal Health Service, which eventually led to a full-time job and now here I am!"

"When I started, we were screening patients with a Polaroid camera! You'd have to wait two months to get the results..."

"I think it's important to have more Aboriginal and Torres Strait Islander people working in health, because people like me are often too proud and too stubborn, to get treatment," he says. "I'd seen a few mates die from prostate cancer and asked myself, 'what's the point of being so tough?' We need to get some help."

Stanley is now a fully qualified Aboriginal Health Worker and is part of a push to improve eye-care in remote Aboriginal and Torres Strait Islander communities through pioneering Teleophthalmology – screening of the eye for diseases.

"When I started, we were screening patients with a Polaroid camera! You'd have to wait two months to get the results. Now we're moving with the times and use new digital retinal cameras, so we can download the images immediately and send them off directly to the ophthalmologist in Perth."

To find out more about the campaign and how you can get involved, visit the *Health Heroes* website at www.australia.gov.au/healthheroes or email healthheroes@health.gov.au ●



Amelia Cahill, Child Health Nurse, Broome AMS.



Stanley Ozies, Aboriginal Health Worker at Derby Aboriginal Health Service.

reaping the remote rewards



A job ad in the CRANAp/us Magazine spurred Glen Innes Registered Nurse Kim Henderson to take the plunge and apply for a remote nursing position.

Since then Kim hasn't looked back, completing six placements with Remote Area Health Corps (RAHC) in the last 18 months. Kim says while it is the most challenging work during her 29 year nursing career it is also definitely the most rewarding.

"I took up the RAHC opportunity because I wanted to get involved and become a part of the effort to improve access to services and health outcomes for Indigenous Australians."

Working in remote communities provides health professionals with an array of experiences that you don't normally get in urban hospitals or health centres.

"Every day is different. You will work with pregnant women and new-born babies, provide

health care to men and women of all ages and tackle chronic diseases," said Kim.

"I took up the RAHC opportunity because I wanted to get involved and become a part of the effort to improve access to services and health outcomes for Indigenous Australians."

"You are very autonomous out here and find yourself going from one end of the spectrum to the other. This has greatly helped my nursing skills, particularly the clinical and assessment side of things. I use to think I was good nurse but working remotely has helped me become a much better nurse."

On her final day of placement in Areyonga, a three hour drive from Alice Springs, Kim says it is the relationships and experiences she has gained along the way that makes the work really special.

"Many of the RAHC health professionals do more than one placement in the same community. This helps to build trust and respect with community members, and assists the health centre team to provide continuity with health care. As we all know building this relationship may mean some community members present to the clinic more often which is really rewarding to see."

"I have some great memories of my time in the communities and I'm very privileged to have been given opportunities to participate in cultural activities such as being invited to go dancing with the ladies and eat bush tucker. I have even had a few Pitjantjatjara lessons."

RAHC provides significant support to the hard-working permanent health workforce in remote communities across the Northern Territory, through paid, short-term placements of urban-based health professionals.

"RAHC is a wonderful organisation for anyone looking to get involved with remote health," Kim says.

"RAHC is a wonderful organisation for anyone looking to get involved with remote health."

The opportunity to work as part of a team and contribute to helping to close the gap for our Indigenous population is possible with the help of RAHC.

If you are looking to make a difference and are ready for a life-changing experience, visit the **RAHC website (www.rahc.com.au)** to find out how. ●



The local health centre in the remote Indigenous community of Imanpa.

life at sea



Ken outside his "office".

Chefs and their knives and treacherous waters are all in a day's work for Registered Nurse Ken Clayton, the Medical Attendant on the Spirit of Tasmania for the past five years. Here he gives an (often light-hearted) insight into his working life.

I have been Nursing for more than 40 years, and my nursing experience ranges from Aged Care, Midwifery Student, Accident and Emergency, Intensive Care, Medical, Surgical, Theatre Manager and Educator to name a few!

Now I am the Medical Attendant on TT Line's Spirit of Tasmania, responsible for my own scope of practice and for up to 700 people (passengers and crew) on board, as we sail between Melbourne and Devonport.

Nursing has changed so much over the generations for me: from being allowed to smoke on shift in the hospital and standing for doctors as they enter the room, to now working as an independent professional practitioner.

I have the authority, in a medical emergency, to recommend to the Captain to turn the ship around or speed it up – at mega dollars per hour. You certainly have to be sure your documentation is up to scratch, as you will have to justify your decision! I have done this on several occasions: for a cervical injury when a passenger slipped and hit the back of his neck on a toilet bowl, for heart conditions and for a bowel obstruction!

I love the challenges and diversity that this job allows me to be a part of.

To get this job, I needed to attend a seven-day Sea Safety course at the Maritime College. Now, I am about to attend a compulsory course in the use and deployment of safety and rescue crafts, again at the Maritime College, to meet the AMCA Standards. I am looking forward to this challenge, as I will be expected to launch and pilot a rescue craft.

"In working alone, I need to have a broad base of knowledge, as anything could crop up on a voyage to or from the mainland."

In working alone, I need to have a broad base of knowledge, as anything could crop up on a voyage to or from the mainland. Our strip of water is famous for being treacherous. Not to mention the passengers!

Their issues can range from motion sickness to cervical injuries, and anything in between! Give thanks to Phenergan! Makes my life easier! Saves a shot in the buttocks! I am also the medic for the crew and they keep me quite busy... chefs should not have sharp knives!!! I dish out bandaids, panadol and burn treatments and, at the end of the day, I still get time to enjoy many yummy meals in the crew mess!

As I work in a sole position, I must be able to manage each case and I report to the Captain. Under the Navigation Act and the Australian Maritime Safety Authority (AMSA), the Captain is in charge of the ship and he/she is the absolute authority and must be made aware of all medical events. This gives me a wide scope of practice. I do consult with a doctor via phone and receive verbal orders, so I must be able to give an appropriate precise verbal handover of the patient's condition and treatment to the doctor over the phone, for verification of treatment. ►►



Ken with Senior Security Officer, Craig Stubbs.



► I am also responsible for weekly First Aid Education to the crew and participation in boat evacuation and fire drill as per AMCA requirements. This also involves simulated mock bomb threats, fire and evacuation procedures which are now increased because of the incident with the ship in Europe.

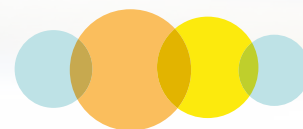
It took me a while to get used to working 28 days on and 28 days off, but my family loves my lay day in Melbourne as I go shopping for them in the big city!

I love meeting and talking to the passengers who board the Spirit of Tasmania, and telling them the many stories I have about Tasmania, which is filled with so many beautiful and unique places.

I also love being my own boss when on shift and being responsible for the management of my time. I feel I have a great rapport with the crew and appreciate all the support I get from the security staff on board.

I am also the medic for the crew and they keep me quite busy... chefs should not have sharp knives!!!

TT Line as a company is great to work for: they have shown me much respect and support for my profession. In turn I would recommend them to anyone wanting to further their employment opportunities. ●



DV-alert

Domestic Violence Response Training



DV-alert is a nationally-run accredited training program that provides skills to:

- recognise** the signs of domestic and family violence
- respond** with appropriate care
- refer** people experiencing or at risk of domestic and family violence to appropriate support services

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- Continuing Nursing Education (CNE) and Continuous **Professional Development** (CPD) points for nurses.
- **Financial assistance** for travel and accommodation costs, and your practice can apply for support payments to assist with staff backfill.
- An **opportunity to network** with other support workers in your region, and build on your knowledge of local resources.



Visit
dvalert.org.au

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



a dream come true

Karen Wright spent 32 years dreaming of maybe one day being a remote area nurse. Inspired by stories from a colleague in the UK of her experience with the RFDS in Northern Queensland, that dream seemed a world away. Now it's a reality.

Karen, who came to Australia a few years ago, moved to Hermannsburg community in the Northern Territory 15 months ago and is so pleased she took the plunge.

Here, in a paper she wrote while undertaking the Grad Cert in Remote Health Practice through Flinders University's Alice Springs campus, Karen compares and contrasts her previous jobs in neonatal intensive care units both in England and Australia with her current position.

The differences between my former and current jobs, you would think, would be huge but... I am finding, because of how I needed to work with neonates who have no 'voice' of their own, there are a surprising amount of similarities in how I have to work as a remote area nurse.

Use of senses – In neonatal intensive care units, I learnt to use my eyes, nose, ears, fingers/hands and my sixth sense to assess my tiny patients and to think 'outside the square' to find out what was happening to them, as they couldn't tell me. Although I now involve Aboriginal health worker colleagues, family members or a translator if I need to, for the language barrier I come up against (and that goes both ways as I have a strong Yorkshire accent) or the shy way in which a lot of my patients interact with nurses in the clinic, I have discovered that sometimes, those skills used in my old job have been invaluable in assessing patients.

A lot of what I did also was preventative care to minimise further risk and harm from the interventions that we had to do to maintain life: a sort of primary health care in a sense.

Not only had I to teach the parents how to care for their baby in the nursery, I had to consider the sort of environment they were going home to, so they could adjust to caring for their baby at home. In Canberra, that could be anywhere from a posh Canberran suburb to a Koori camp on the coast with all the remoteness of a Northern Territory community. Planning their care not only for today but for the weeks and months ahead, is the same way that I plan the care for my patients now in recalls and care planning to monitor the chronic disease burden that they have.

Advocacy – I needed to act as an advocate for my tiny patients all the time. In their parents' absence, I was expected to act as their advocate to ensure that the best possible evidence-based care was given to the baby, considering all ethical and legal implications that the treatment may have had and also without breaching confidentiality. Sometimes confidentiality was a difficult thing to maintain when there were many interested grandparents, aunts and uncles all wanting, and believing they had the right, to know what was going on. Not to mention other parents in the nursery who had developed great friendships with each other.

"I needed to act as an advocate for my tiny patients all the time..."

Now, in my new job, when the health workers are frequently relatives of the patients, it is sometimes hard to know who is related to who and who should know what. In addition, the aspect of men's business and women's business, so relevant in remote area practice, and what men should know about women and vice versa, add yet another dimension to be considered when treating my patients. So I still have a great duty to act as an advocate for the people I see to ensure they get the very best care they deserve and which is culturally safe and appropriate for them.



Children at Hermannsburg.

Reflection – has always been a huge part of my daily practice and continues to be so in my new job. No decision I made in my old job was a stand-alone decision. Good team work and planning for the babies' care from admission to discharge was imperative for the best evidence-based practice to be effective in achieving the best outcome for the baby and their families. Teamwork demanded discussions with a huge range of medical and allied health staff. Neonatologists, surgeons, nutritionists, pharmacists, physiotherapists, speech therapists and my colleagues were only part of the huge number of people involved and it did not end there. There was another wider set of people who needed to be involved when the baby had gone home, in order to monitor the growth and progress of the child for the coming years. Now in the health centre, on a daily basis, I am involving other nurses, Aboriginal health workers, the GP, diabetic educators, chronic disease nurse, visiting specialist, the mental

health team, other members of the community – community elders, the pastor, people from the shop and the school, the police, community nurses, staff from the Western Arrente (Aranda) Health Aboriginal Clinic to name a few. Without close work with a good team, the care the patients deserve could not be achieved.

In order to bring all of the above together, whether in my old job or new, good communication (written or verbal) and being able to negotiate a plan forward is of utmost importance. Without this there would be nothing to hold it all together and ongoing care would fail leading to poor health outcomes.

A good friend once said to me 'life is not a dress rehearsal, you only get one chance.' I agree. Take yours while you can.

Now the only problem for me is: how do I go back to a big city hospital? That is my next challenge in life's journey. ●

one-stop eye care service in tennant creek

After living in Tennant Creek in the NT for 10 years, Maree O'Hara took on the role in 2006 as the Barkly Regional Eye Health Coordinator for Anyinginyi Health Aboriginal Corporation. She outlines here the development of Eye Care for the community over the past six years to a one-stop shop.

When I started in 2006, many Aboriginal people in Tennant Creek did not expect to be able to see well as they aged, and, in some cases, expected to lose their eyesight.

There had not been an Eye Coordinator for one year, visits from optometrists were not frequent and many people just couldn't afford to buy glasses.

Now we have a one-stop shop of Eye Care that represents a partnership with Eye Specialist, Dr Henderson, who has been coming to

Tennant Creek for the last 12 years, the International Centre for Eyecare Education (ICEE), OPSM, Tennant Creek Hospital, the Royal Flying Doctor Service (RFDS), Fred Hollows Foundation and Alice Springs Hospital.

"When I started in 2006, many Aboriginal people in Tennant Creek did not expect to be able to see well as they aged..."

Back in 2006, I had no car, no permanent clinic and no help. Now I have a car, a permanent clinic and an assistant, currently Nadia Clements.

Eye Specialist, Dr Henderson, comes here every two months for four days. On one of those

days he operates on all sorts of eye conditions, including cataracts, entropions and pterygia. He is known for not only his medical and surgical skills but also his compassion and empathy with all patients.

I was fortunate after I took on the role, to hear about ICEE who provide easily accessible optometrists and ICEE's involvement in Tennant Creek has increased visits from optometrists 14 fold. In 2006, 90 people were seen by an optometrist in Tennant Creek. In 2011, 1190 people were seen by an optometrist.

Tennant Creek has been lucky to have OPSM visit for the last 10 years and, while they once came every 3 months, OPSM has increased the amount of time they spend in Tennant Creek, now spending up to a week at a time. They now work with us and see almost double the amount of

people, non-Aboriginal and Aboriginal, and offer specials to those under financial constraints.

ICEE also provided subsidised glasses, a service now taken over by Fred Hollows Foundation. This system has allowed people to pay for glasses out of Centrelink payments or wages, meaning affordable glasses for all.

"It has been wonderful to be involved... in helping to create this one-stop shop..."

It has been wonderful to be involved since 2006 in helping to create this one-stop shop model, which provides a cohesive, safe delivery of Eye Care and, because Anyinginyi is community controlled by an Aboriginal board, cultural safety and feedback has been ensured. ●



Maree and Nadia.



Iris, our mascot.



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BUSH NURSES: DO YOU HAVE AN AMAZING STORY TO SHARE? Share your story about a rural/remote nurse and help raise funds for Frontier Services

We know it takes something special to be a rural/remote area nurse, and it's our mission to spread the word about the terrific work these dedicated people do every day. In 2013 we'll be publishing a book celebrating nurses working in remote and rural areas but we need your help to find their stories.

We need help from those working at the front line. We want to know what it's really like to be a nurse in a remote area, be it in a hospital, an isolated clinic, an RFDS plane or a mobile service. Perhaps you're a retired bush nurse but still available to your community? Do you have a great tale to share about something remarkable that's happened to you (or someone you know) while on the job? And we'd also love to hear from anyone whose life has been changed through the good work of a nurse.

No story is too big or too small; it can be about anything to do with your job, the extraordinary people you've met, or the astonishing situations you've had to deal with. Share with us what your job (or the job of someone you know) means to you and your community.

All royalties will go to Frontier Services (formerly the Australian Inland Mission) in recognition of its 100 years of service, and to assist them to continue their great work in rural and remote communities.

If you have a great picture to go with your story, please feel free to attach it, although photos will be included at the discretion of the publisher. Annabelle Brayley, SW Queensland-based storyteller and former nurse, will be curating these stories. Contributors will be advised if their story has been selected for publication, and everyone included will receive a copy of the book on publication.

As a guide, some possible themes include:

- nurses who have gone beyond the call of duty
- people whose lives have been changed because of a nurse
- stories of inventive resourcefulness (what it's like to make do with whatever is at hand)
- nurses whose commitment to their job and community put them in a category apart
- tales of near-misses and lucky breaks
- stories about the toughest and most moving experiences (births, deaths and injuries)
- the most novel/unusual ways you've had to solve a medical problem
- stories from back before technology made things easier, when life was *really* interesting.

Send in your stories and photos by **15 September 2012** via email on bushnurses@penguin.com.au or by post C/- Bush Nurses' Stories, Penguin, PO Box 710, Hawthorn, VIC 3122

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ALWAYS LEARNING

PEARSON



Photo: Steve Batten



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



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
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CRANAplus
Major Sponsor



Exclusively on display at the Cranap^{plus} remote PEARLS of Wisdom Conference will be the 2012 PandaPearls summer collection. A Stunning range of baroque pearls in larger sizes with antique and semi precious enhancers! For a sneak preview visit www.pandapearls.com.au

Pearls of every size, shape, colour & lustre • Enhancers • Jewellery • Antiques • Eclectic

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30th annual conference
"our pearl anniversary"

remote pearls of wisdom

the sebel | cairns
wednesday 24 – saturday 27
october 2012

conference 2012 principal partner



Australian Government
Department of Health and Ageing

The vision of the **Department of Health and Ageing** is *Better health and active ageing for all Australians*. The department is responsible for achieving the Government's priorities for population health, aged care and population ageing as well as medical services, primary care, rural health, hearing services and Indigenous health. The department administers programs to meet the Government's objectives in health system capacity and quality, mental health, health workforce, acute care, biosecurity and emergency response. The department supports the Australian community's access to affordable private health services and is responsible for policy on Medicare and the Pharmaceutical Benefits Scheme. ●

wisdom of ages

The CRANAplus conference to celebrate the organisation's 30th anniversary will indeed provide numerous "Pearls of Wisdom" to inspire us all.

It incorporates wisdom gleaned from past successes, wisdom practised in current endeavours and wisdom to pursue projects of the future.

Our three-day conference is launched by the welcome ceremony on Wednesday evening 24 October will be held at 6pm on the roof garden of The Sebel Cairns, when Seith Fourmile of the Gimuy Walubarra Yidinji Nation of Cairns will give the welcome to country and local aboriginal dancers will entertain delegates.

We have an impressive list of guest speakers and inspiring sessions throughout the three-day

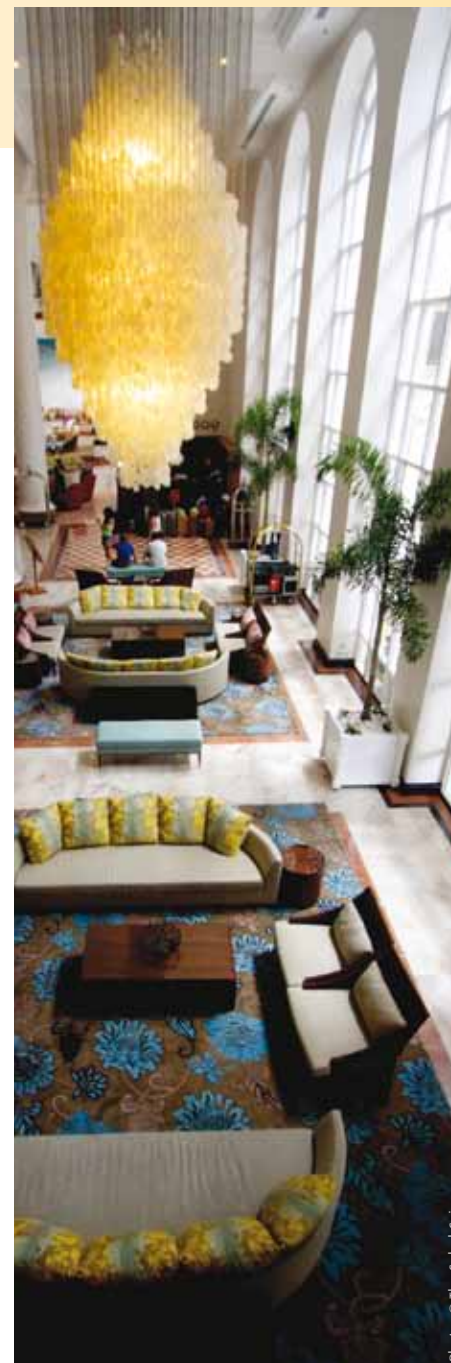
conference, which will be officially opened by Queensland Assistant Minister for Health The Hon Chris Davis who will also officiate at the presentation of recent graduates, a highlight of the evening.

We have an impressive list of guest speakers and inspiring sessions throughout the three-day conference...

We are delighted the Hon Michael Kirby will give the Keynote address on Thursday morning, which will be followed by an impressive choice of sessions: many with intriguing titles and all with entertaining and informative content.



Cairns Esplanade Lagoon.



A touch of "Raffles" – The Sebel foyer.

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Bird's eye view of Cairns.

Sessions cover topics ranging from midwifery and maternity issues; telehealth wisdom; a personal insight into depression; the impact of racism on the health and wellbeing of Indigenous men; and medical emergencies... to name but a few. ▶▶

Panda Pearls
australia

as the major sponsor have donated a stunning strand of Jumbo Baroque 14–16 mm Pearls. The pearls are hand strung & triple knotted on silk thread with a sterling silver clasp.

Highlighting the lustrous strand is a Swarovski Crystal Enhancer creating a magnificent piece. The strand is valued at over \$8000.

► The conference dinner on Saturday night is a red-carpet gala event with delegates invited to grace the Grand Ballroom of The Sebel with appropriate after-5 attire.

The conference dinner on Saturday night is a red-carpet gala event...

MC Harry Rivers will guide us through the evening's events which include the annual awards ceremonies.

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

The CRANAplus Awards are presented to remote health professionals who have made a special

contribution to improve health outcomes. The recipients are nominated by their co-workers and those who receive their care. There are seven award categories:

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

The recipients of the annual CRANAplus Undergraduate Remote Placement Scholarships are also announced at the conference dinner.

These scholarships provide \$1000 each to six students who, as part of their undergraduate health course of study through an Australian University, wish to undertake a placement in a remote location.

This opportunity is to encourage the remote health professionals of the future: in fact... the wisdom of the future. ●

miiSpa

Take time to pamper yourself during conference. CRANAplus Delegates will receive discounted treatments at Mii Spa located on the first floor of The Sebel, please see the voucher in your Delegate Satchel when you register for more information.



Photo: © The Sebel Cairns.

The Grand Ballroom of The Sebel, Cairns.

accommodation

Cairns offers a wide range of accommodation options. We have negotiated special conference rates at a variety of hotels.

We have provided options and price ranges below (and on our website), all within walking distance of the conference venue. For bookings simply visit our website at www.crana.org.au

Option 1

The Sebel, Cairns

★★★★★

Run of House:

City/Mountain/Harbour View Room

\$189 per room per night

Premium Harbour View Room:

\$229 per room per night

One Bedroom Apartment:

\$199 per apartment per night

(1x King Bed or 1x Single Bed)

NB: This is the conference venue.

All above accommodation rates for The Sebel, Cairns are inclusive of breakfast.

Option 2

Il Palazzo Boutique Apartment Hotel

★★★★★

One Bedroom Apartment:

\$160 per apartment per night

(Room Only) (1x Queen Bed & 1x Double Sofabed)

NB: Please be advised that there is NO onsite restaurant for Il Palazzo Boutique Apartment Hotel. Full Buffet Breakfasts can be outsourced at nearby cafés.

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Option 3

Park Regis City Quays

★★★★★

Single/Double Room:

\$155 per room per night

(Room Only)

One Bedroom Apartment:

\$175 per apartment per night

(Room Only) (1x King Bed or 2x Single Beds)

Two Bedroom (Dual Keyed) Apartment:

\$245 per apartment per night

(Room Only) (Combines 1x Hotel Room & 1x One Bedroom Apartment)

Park Regis City Quays

(Piermonde Apartments)

★★★★★

Two Bedroom Apartment:

\$285 per apartment per night

(Room Only) (1x King Bed and 1x Queen Bed, or 1x Queen Bed and 2x Single Beds)

NB: Breakfast is an additional \$18 per person per day. ►►



Photo: © The Sebel Cairns.

Twin Harbour View Room at The Sebel, Cairns.



Photo: © The Park Regis City Quays, Cairns.

One Bedroom Apartment at the Park Regis City Quays, Cairns.

► Option 4

Mantra Trilogy

★★★★★

Single/Double Room:
\$144 per room per night
(Room Only)

One Bedroom Apartment:
\$207 per apartment per night
(Room Only) (1x King Bed or 2x Single Beds)

Two Bedroom (Dual Keyed) Apartment:
\$261.00 per apartment per night
(Room Only) (2x King Beds or 4x Single Beds)

NB: Minimum 3 night stay applies

► Option 5

BreakFree Royal Harbour

★★★★★

One Bedroom Apartment:
\$160 per apartment per night
(Room Only) (1x Queen Bed)

► Option 6

Mantra Esplanade

★★★★★

Single/Double Room:
\$135 per room per night
(Room Only)

One Bedroom City View Apartment:
\$189 per apartment per night
(Room Only) (1x King Bed or 2x Single Beds)

Two Bedroom City View Apartment:
\$243 per apartment per night
(Room Only) (2x King Beds or 4x Single Beds)

► Option 7

Cairns Harbour Lights

★★★★★

Two Bedroom Apartment:
\$269 per apartment per night
(1x King/Queen Bed or 1x Single Bed) ●

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conference program

Wednesday 24 October

Conference Opening Ceremony

10:00 am	Registration desk opens
4:00 pm	Registration desk closes
6:00 pm	Welcome to Country by Seith Fourmile on behalf of the Gimuy Walubara Clan of the Yidinji People
	Official opening address by Dr Chris Davis, Queensland Assistant Minister for Health
	Presentation of Graduates
	Cocktails and canapés
8:00 pm	Finish



Photo: © The Sebel Cairns.

The Official Welcome Ceremony will be held on the rooftop by the pool at The Sebel, Cairns.

Thursday 25 October

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens
	Session 1
9:00 am	Welcome by MC, President, Chair Christopher Cliffe
9:15 am	Keynote address Hon Michael Kirby AC CMG
10:15 am	Ms Lee Thomas, Federal Secretary ANF Paper TBA
10:40 am	Morning tea (30 mins)
	Session 2: Nurse Practitioner
11:10 am	Chris Belshaw <i>Industrial Strength Nursing</i>
11:25 am	Terri Ivanhoe <i>A Nurse Practitioner Model of Practice in Action</i>
11:40 am	Debra Bourne <i>An alternative model for out of hour's medical support: Nurse Practitioner model of care in a small rural community in North West Victoria</i>
11:55 am	Nicole Ramsamy (Youtube Presentation)
12:10 pm	Facilitated Discussion
12:30 pm	Lunch (60 mins)
	Session 3
1:30 pm	Dr Trevor Lord, Clinical Lead National e-Health Transition Authority
1:50 pm	Julianne Bryce, Geri Malone & Felicity Johns <i>The Gaining and Sharing of Telehealth Wisdom</i>
2:10 pm	Rosie Schmidt <i>PARROT program</i>
2:30 pm	Kylie McCullough <i>Good things take time: improving the practice environment of RANs to encourage retention</i>
3:00 pm	Afternoon tea (30 mins)
	Session 4
3:30 pm	Lucy Little <i>It's all about me; No really it is</i>
3:50 pm	Ely Taylor <i>Positive Student Placements: fundamental to future nurses</i>
4:10 pm	Suzanne Kendall <i>Students for Breakfast</i>
4:30 pm	Tara Walker & Clive Aspin <i>The experience of first year graduate nurses at remote health facilities</i>
4:50 pm	Wrap up and close

Friday 26 October

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens
	Session 5
9:00 am	Welcome/housekeeping
9:15 am	Karen Cook Paper TBA
9:50 am	Catherine Ryan & Teena Downton <i>Preparing health students for remote placements</i>
10:10 am	Stephanie Fraser <i>Wisdom from behind the façade: a personal insight into living with depression</i>
10:30 am	Morning tea (30 mins)
	Session 6: Maternity Care
11:00 am	Sue Kruske <i>Going the distance: travel and choice in birth for women in rural and remote Queensland</i>
11:20 am	Belinda Maier <i>Rural and remote midwives working in midwifery led models of care: idealistic or realistic?</i>
11:40 am	Susan Parker & Sue Kruske <i>Aboriginal and Torres Strait Islander women's experience of maternity care in Queensland</i>
12:00 pm	Valda Wallace & Margaret Stewart <i>Our right to choose: Indigenous women's choice of birthplace</i>
12:10 pm	Facilitated Discussion
12:30 pm	Lunch (60 mins)
	Session 7
1:30 pm	Melissa Sweet Paper TBA
2:05 pm	Felicity Croker & Cassandra Love <i>Filling the gaps: Oral health as an expanded scope of practice for rural and remote nurses and midwives</i>
2:25 pm	Daniella Brown, Mikaela Chinotti & Jaquilyn Torrisi <i>Rural voices of far north Queensland: gaps in the literature and Issues to Address</i>
2:45 pm	Ben Crough <i>A student's perspective and experiences of the NT through workforce initiatives</i>
3:00 pm	Afternoon tea (30 mins)
	Session 8
3:30 pm	Janet Fletcher, Gracy Daly & Phillip Wilson <i>Strong Spirit Strong Body – Nauiyu Youth Program</i>
3:50 pm	Jo Appoo <i>Life after registration: An Aboriginal Health Worker perspective</i>
4:10 pm	Nikola Merzliakov <i>National Guide to a Preventive Health Assessment for Aboriginal and Torres Strait Islander People</i>
4:30 pm	Robyn Williams <i>Best educative practice for effective and culturally safe practitioners working in an Indigenous Primary Health Care setting</i>
5:00 pm	Wrap up and close

Saturday 27 October

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens
	Session 9
9:00 am	Welcome/housekeeping
9:15 am	Dr Mark Wenitong <i>Paper TBA</i>
9:50 am	Greg Strong <i>The impact of racism on the health and wellbeing of Aboriginal men</i>
10:10 am	Debbie Moon <i>Bridging midwifery and child health practice</i>
10:30 am	Morning tea (30 mins)
	Session 10
11:00 am	Lesley Pearson & Rosie Clarke <i>A community engagement P.E.A.R.L</i>
11:20 am	Julianne Bryce, Geri Malone & Elizabeth Foley <i>Wise ways to working safe in the bush</i>
11:40 am	Mitchell Anjou <i>"Visible Pearls" – Primary eye care in remote Australia</i>
12:00 pm	Jeanette Smith <i>I wish I knew then what I know now! – Remote education</i>
12:20 pm	Facilitated Discussion
12:30 pm	Lunch (60 mins)
	Session 11
1:30 pm	Debbie-Ann Gillon & Katrina Graham <i>The importance of inter-professional education: A nursing and pharmacy student reflect and share pearls of wisdom!</i>
1:50 pm	Christine Conyers <i>Student experience of midwifery philosophy in the real world</i>
2:10 pm	Luke Croker & Sachjuan Grayson <i>Clear and present danger: Medical emergencies you wish your allied health degree taught you to manage</i>
2:30 pm	Hypothetical
3:30 pm	Afternoon tea (30 mins)
	Session 12
4:00 pm	AGM
5:00 pm	Close to setup for Awards Dinner
6:30 pm	Pre-dinner drinks
7:00 pm	Annual Awards Dinner – The Sebel Grand Ballroom

keynote speakers



The **Hon. Tanya Plibersek MP** Minister for Health was elected to the Australian Parliament as the Federal Member for Sydney at the 1998 federal election.

In her first speech to House of Representatives, Tanya spoke of her strong interest in social justice and her conviction that ordinary people working together can achieve positive change.

Tanya became a Shadow Minister after the 2004 federal election and for the next three years was responsible for a range of portfolios including childcare, work and family, women, youth, human services and housing.

Following the election of the Rudd Government in 2007, Tanya was appointed Minister for Housing and Minister for the Status of Women.

As Minister for Housing, Tanya delivered a wide ranging reform agenda, including significant new investments in affordable rental housing.

Tanya was also responsible for a Homelessness White Paper that set out a comprehensive national strategy to tackle homelessness in Australia.

As Minister for the Status of Women, Tanya was responsible for development of the National Plan to Reduce Violence Against Women and their Children.

Following the 2010 federal election Tanya was appointed Minister for Human Services and Minister for Social Inclusion.

On 14 December 2011, Tanya was appointed to Minister for Health.

Tanya lives in Sydney with her husband Michael and children Anna, Joseph and Louis.

Tanya is fond of bushwalking and 18th Century novels. ●



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. ●


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.





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



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**



remote health
counts

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. ●

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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
F (08) 8951 4777
CRH.shortcourse@flinders.edu.au





Dr Mark Wenitong

(Adjunct Associate Professor, JCU, School of Tropical Public Health) is from Kabi Kabi tribal group of South Queensland. He is the Senior Medical Officer at Apunipima Cape York Health Council, where he is working on health reform across the Cape York Aboriginal communities.

He was the Senior Medical Officer at Wuchopperen Health Services in Cairns for the previous nine years. He has also worked as the medical advisor for OATSIH in Canberra.

Dr Wenitong is a past president and founder of the Australian Indigenous Doctors Association and was a member on the National Health and Medical Research Committee – National Health Committee for the last three triennium.

He is Chair of the Andrology Australia – Aboriginal and Torres Strait Islander Male Reference Group

and sits on several other committees. He is a council member of the Australian Institute of Aboriginal and Torres Strait Islander Studies and a member of the Queensland Aboriginal and Torres Strait Islander Advisory Council.

Dr Wenitong has been heavily involved in Aboriginal and Torres Strait Islander health workforce and has helped develop several national workforce documents, sits on the COAG Australian Health Workforce Advisory Council. He is involved in several research projects, and has worked in prison health, refugee health in East Timor as well as studying and working in Indigenous health internationally. He was a member of the NTER review expert advisory group in 2008.

He is involved in clinical and policy work with the aim of improving Aboriginal and Torres Strait Islander health outcomes in Australia. He has received the 2011 AMA Presidents Award for Excellence in Healthcare, and the Queensland Aboriginal and Torres Strait Islander Health Council Hall of Fame award (2010). ●

registration costs

	Member	Non-Member
Full Conference Package 24–27 October 2012	\$700	\$900
(includes Opening and Networking Function, all Paper Sessions and Official Conference Dinner)		
Student Concession Full Package (must be fulltime UNDERGRADUATE students only)	\$400	\$450
Single Day Pass Thursday, Friday or Saturday (Paper Sessions only)	\$300	\$400
Opening Ceremony and Networking Function Wednesday 24 October 2012 (Day Pass delegates and/or additional guests only)	\$80	\$85
Conference Dinner Saturday 27 October 2012 (Day Pass delegates and/or additional guests only)	\$120.00	

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



Photo: Stephanie Jeremy



Taking leave is
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1300 is the lucky number

Suzanne Price (pictured) received a complimentary copy of the CRANAplus Clinical Procedures Manual when she became our 1300th member earlier this year.

Unless you have been and done it you can never fully grasp what it is like to work as a remote area nurse.

My first move into remote nursing was in 2006 after many years in mainstream. The diversity of experiences and the knowledge and skills required to respond to every day occurrences at a remote clinic were different from any area of nursing that I had previously worked in.

The diversity of experiences and the knowledge and skills required to respond to every day occurrences at a remote clinic were different from any area of nursing that I had previously worked in.

I really enjoyed being able to independently assess somebody and then determine what course of action needed to be taken. My assessment skills improved and my confidence increased. I have often had the feeling of flying by the seat of my pants and still having to get the job done and done well.

Over my 20 years of nursing, I have been passionate about ongoing self-education and keeping up-to-date with what is new and current. After a break of a few years from remote, I have again returned to the bush.



Many of my colleagues have spoken so highly of CRANAplus and the courses that they run that it was a natural step for me to take to become a member.

Many of my colleagues have spoken so highly of CRANAplus and the courses that they run that it was a natural step for me to take to become a member.

Thanks to CRANAplus for my CRANAplus Clinical Procedures Manual and I look forward to attending the Remote Emergency Course and the Maternity Emergency Course later this year. ●

advertising rates

Standard rates		One issue	2 issues (- 10%)	3 Issues (- 15%)	4 Issues (- 20%)
Full page	Type: 128mm W x 183mm H Trim: 148mm W x 210mm H Bleed: 154mm W x 216mm H	1,600	2,880	4,080	5,120
Half page	Horizontal: 128mm W x 90mm H Vertical: 65mm W x 183mm H	880	1,584	2,244	2,816
Third page	Horizontal: 128mm W x 59mm H Vertical: 65mm W x 121mm H	600	1,080	1,530	1,920
Double page		3,040	5,472	7,752	9,728
Colour rates		One issue	2 issues (- 10%)	3 Issues (- 15%)	4 Issues (- 20%)
Full page	as above	2,240	4,032	5,712	7,168
Half page	as above	1,232	2,218	3,142	3,942
Third page	as above	840	1,512	2,142	2,688
Double page		4,256	7,661	10,853	13,619
Magazine colour insert		10,000 single-sided	10,000 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 March 2013
Corporate members receive further discount on these rates. Contact business@crana.org.au for further information.

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

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



CRANApus corporate members



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



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



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



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



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.



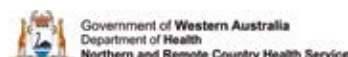
Katherine West Health Board provides a holistic clinical, preventative and public health service to clients in the Katherine West Region of the Northern Territory.



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



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



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



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



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.



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.



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



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



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



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



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



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



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



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



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



OFFICIAL CENTENARY CELEBRATION 26 SEPTEMBER, 2012

On 26 September, 2012, Frontier Services will celebrate 100 years at the heart of remote Australia. On this day, 100 years ago, the Australian Inland Mission was founded and John Flynn's vision of establishing a network of support for the people of remote Australia began.

Invitations to this special event are open to the public and we invite each and every one of you to join us. The evening will begin at 7pm at the Dallas Brooks Centre in Melbourne for a Centenary Liturgy followed by supper.

A staff reunion Dinner will be held the following night, on Thursday 27 September, at the Geelong College for all current and former staff of Frontier Services and its predecessors. Please RSVP for both of these events to: kate.h@frontierservices.org or phone: 1300 787 247.

For more information on the Centenary celebrations please visit our website: www.frontierservices.org/centenary



Celebrating 100 years at the heart of remote Australia



*...so we can go the extra mile
for the people of remote Australia*

This Centenary year, we invite you to help us support families and communities at the heart of remote Australia.

Your \$20 donation will help keep us on the road, and at the heart of remote Australia, doing what we are here to do – supporting families, empowering communities and working towards a brighter future for remote Australia.

Donate online today!

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www.frontierservices.org | 1300 787 247



educate

trauma preparedness courses in the kimberley

The Trauma Preparedness Course, a unique combination of the REC format with a Bush Support Services (BSS) component, is set to become a regular feature on the CRANAp^{plus} calendar following its successful introduction in Western Australia in May.

The pilot course was conducted, at the request of the Northern and Remote Health Service – Kimberley Population Unit, in Derby and Halls Creek in the Kimberley region, to meet the distinctive needs of these centres.

In this area, a number of town sites (Derby, Fitzroy Crossing and Halls Creek – and some surrounding Aboriginal communities) have ambulance services delivered through the hospitals. These ambulances are staffed by nurses and orderlies (and occasionally doctors). The orderlies are tasked with driving the ambulance and assisting with first aid, securing the scene and manual handling under the direction of the clinical staff.



Attendance can be required at violent scenes, multi-casualty vehicle and other accidents, suicides, deaths, domestic incidents and scenes involving children and the elderly.

The Trauma Preparedness Course was designed to provide multi-disciplinary training in two areas; emotional preparedness and pre-hospital patient care.



The facilitator team for the pilot course consisted of:

- Libby Bowell the National Education Manager, who has ED and remote experience;
- Anne Marie McNamara, a Registered Nurse who has experience as a paramedic for 8 years;
- Sue Orsmond a REC coordinator who has practiced in rural and isolated practice and has completed Volunteer Ambulance Officer Level 2 training; and
- Therese Forbes, a psychologist based in the Kimberley employed by CRANAp^{plus} for BSS.

The verbal feedback was overwhelmingly positive and this was supported by the written evaluations.

The participants at both Derby and Halls Creek were enthusiastic, engaged and involved in all aspects of the course. The verbal feedback was overwhelmingly positive and this was supported by the written evaluations.

All of the course was conducted as a group, with orderlies and nursing staff receiving the same lectures and skill stations, with mnemonics and medical terms explained for orderlies, and scope of practice restrictions made clear at all times. ►►



►► It was felt that the provision of exactly the same information to all provided clarity for participants and allowed for reinforcement among colleagues. This was acknowledged as a positive aspect of the course.

As one participant commented: "I think the combined course is a good idea, as it helps with teamwork, understanding of roles etc. I really enjoyed the course!!"

The orderly staff were excited at being included in the training as valuable members of the team, with one stating: "I have really enjoyed this course. The teachers were very well presented and I feel I have learnt a great deal. It was also a pleasure to meet them as I will take with me what I have learnt yesterday and today through my work as an orderly. Thank you".

From the emotional preparedness aspect of the course, it was evident that the participants embraced and acknowledged self care as important in keeping them functioning well both at work and personally.

"I have really enjoyed this course. The teachers were very well presented and I feel I have learnt a great deal. It was also a pleasure to meet them as I will take with me what I have learnt yesterday and today through my work as an orderly..."

Verbal and written feedback received was very positive. Again, the interaction between orderlies and nurses was excellent and will foster renewed appreciation for roles each play in being first responders in emergencies.

As a result of the courses, a number of recommendations were made to improve the service provided, including a review of roles at a scene, equipment recommendations and use of check lists to assist with checking processes and increasing familiarity with location/use of equipment by all staff involved.

A number of participants expressed the hope that this course will become a regular feature. Based on the success of the program, CRANApus is keen to deliver this course, or a similar one, anywhere around the country.

Based on the success of the program, CRANApus is keen to deliver this course, or a similar one, anywhere around the country.

Many thanks to the staff of Kimberley Population Unit who requested the course, and assisted in seeing it to fruition."

Libby Howell
Education Manager, CRANApus ●



Allied Health Professional study participants sought

beliefs and attitudes about work and retirement.

Are you (or someone you know) an allied health professional who is retired or planning to retire in a rural or regional area of Victoria?

The RETAINR study team invites Allied Health Professionals (either currently practising or not practising) who are:

- aged 55 years or more;
- intending to retire to, or currently living in a rural area of Victoria (for the purposes of the RETAINR study this means any area outside the Melbourne Metropolitan Area including regional cities and towns);
- willing to participate in a brief telephone interview and/or survey that asks about beliefs and attitudes towards work and retirement;

to participate in the Retention of Allied Health Professionals at Retirement Age in Rural Victoria (RETAINR) study. The RETAINR study aims to identify important beliefs and attitudes associated with the decision to continue to work as an allied health professional beyond retirement age. The results of the study will be used to inform the development of a communication strategy and recruitment and retention strategy for Allied Health Professionals in rural areas. The funding for this research and action project has been provided by the Department of Health, Victoria – Workforce Innovation, Sector Workforce Planning.

This study has approval from the Monash University Human Research Ethics Committee – Project number CF12/1956 – 2012001078.

Interested or know someone who may be interested?

To access more detailed information about the study and register your interest visit: <https://confluence-vre.its.monash.edu.au/display/retainr/RETAINR+Homepage>

OR

Contact the RETAINR Study Team directly:
Dr Margaret Stebbing, Monash University Department of Rural and Indigenous Health,
Email: margaret.stebbing@monash.edu
Tel: 03 5128 1032

ATSIHP facilitators join the education team

ATSIHP training courses in the future will include ATSI facilitators who understand the context, have the appropriate professional skills and can be genuinely supported to become part of the CRANApus FLEC team.

CRANApus Education Manager Libby Howell gives an insight into this development, with extracts from Ree Dunn's report of the three day workshop in Alice Springs that started the facilitator training process.

Since 1998 CRANApus has been providing training courses in emergency care skills for remote health professionals including nurses, doctors, Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs), ambulance officers and paramedics. ATSIHPs are an integral part of any remote emergency team and as such need to have access to the same knowledge around the principles of care for the critically ill or injured patient.

As a coordinator for several years it was obvious to me and other facilitators that, whilst AHPs

were registering for our REC and MEC courses, many were not comfortable and did not engage fully in a course that had nurses, doctors and paramedics as participants. In an effort to address this situation, CRANApus met with ATSIHP managers to discuss an alternative.

From that we developed the Remote Emergency Care (REC) and Maternity Emergency Care (MEC) programs specifically adapted for ATSIHPs.

CRANApus is very committed to "getting the formula right"...

CRANApus is very committed to "getting the formula right" for these ATSIHP courses in order to enhance the learning opportunities and raise the profile of ATSIHPs in the remote health team. The Aboriginal & Torres Strait Islander Health Practitioner Remote Emergency Care course (AHP REC) covers the same material as the REC course but with a longer time frame (3 days) to allow for a more appropriately paced learning environment for the participants. ►►



Left to right: Rose Hoffman, Grace McCarthy, Rachel Walker, Ross Cole and Lenny Cooper.

► This means allowing the course to flow at a more acceptable pace for health practitioners to learn. Lectures are distributed more evenly with skill stations and more props are used.

The engagement was strong and participants were keen to ask questions and seemed genuinely excited to have a colleague at the front of the classroom.

Two years ago we started to train an AHP as a facilitator and although this ceased due to personal reasons, the success of the 'test

courses' were obvious to the rest of our facilitator team. The engagement was strong and participants were keen to ask questions and seemed genuinely excited to have a colleague at the front of the classroom.

The facilitator training process was started at a three day workshop in Alice Springs in June with Ree Dunn, an experienced remote area nurse and midwife, engaged to facilitate the workshop with myself and Christine Evans (also an experienced remote area nurse/midwife).

Participants were initially selected based on individual performance at REC and MEC courses as well as recommendation from RANs. An invitation to submit an expression of interest to attend the workshop was extended to people attending the NT AHW Summit held in Darwin in May.



The final participants were:

Kenton Winsley	AHW Director Top End Northern Territory Darwin (Senior AHW, Paramedic)
Grace McCarthy	Fitzroy Crossing Community Health Centre, Kimberley Western Australia (Registered Nurse – soon to be student midwife)
Rachael Walker	Nguiu Health Centre Tiwi Islands NT (Paramedic, trainee AHW)
Ross Cole	AHW Educator Central Australia Alice Springs NT (Senior AHW)
Lenny Cooper	CRANApus Aboriginal support coordinator (recently commenced training as AHW, specifically to use his educator skills as a facilitator for FLEC courses)
Rosemary Hoffman	Senior AHW and enrolled nurse, previously educator in Renal Unit in Darwin but now relocated to Far North QLD

During the workshop, it became apparent what a diverse and talented group of participants we were working with. Each participant had extensive experience in their professional field and expressed commitment to improving the standard for education of ATSI health professionals. They expressed gratitude for being selected but were obviously anxious about the expectation of what they could contribute to the CRANApus team. It was rewarding to see this anxiety decrease as the workshop progressed.

The significance of the credibility of FLEC being based on the quality of facilitators for all courses was stressed.

The workshop commenced with the "CRANA story": representation, advocacy, education and the whole team aspect of FLEC, so that everyone had an understanding of who they would be representing when they were facilitating on a course. The significance of the credibility of FLEC being based on the quality of facilitators for all courses was stressed. Most of the participants had attended a REC or MEC course as a participant so they were aware of the standard expected.

The second day focused on facilitation: how to facilitate skills and knowledge transfer when training adult learners. Participants were coached in facilitation techniques applicable to lectures, skill stations and scenarios; the standard format of FLEC courses.

While all participants had a sound body of skills and knowledge, it was evident that ongoing support and mentoring will be required to assist them to develop confidence. Although a transitional period of ongoing support is needed, the engagement and enthusiasm displayed by this group during the workshop strongly suggests that the investment will be well worth the effort.

On the final day, each participant presented a REC or MEC lecture which they had prepared for over the previous two days. This gave them practice using the CRANApus website, powerpoint presentations and lecture formats, as well as insight into what the facilitator preparation process entails. Given the short preparation time each participant managed to provide a very impressive lecture. The real benefit of this workshop/training approach was the obvious increase in their confidence to present, answer questions and discuss real life situations they have experienced when they felt comfortable and respected within the group. ►►

► Also on the final day participants were matched to mentors (course coordinators) and introduced via Skype.

This workshop was intended to “plant the seed” with ATSI health professionals about the value and benefits of absorbing ATSIHWs into the CRANAp^{lus} education team, particularly their involvement in AHWREC and AHWMEC courses. This group of participants was “hand-picked” for involvement because of their expertise, interest and commitment to the end product: increasing the status and skills of ATSIHWs as part of the health team.

Almost all of the new facilitators have now been scheduled in to attend an up and coming AHP course in the coming months.

It was a delight to be instrumental in preparing these participants for their continued involvement with CRANAp^{lus}.

Each of the participants blossomed over the course of the three days to reveal the specific talents each would bring to the education team. It was obvious that the respect shown towards the group was appreciated when one of the participants commented at farewell “thank you for believing in us”.

As the education manager of this team I am excited to watch the progression of these new team members and look forward to the feedback from participants.

The courses are now scheduled nationally after running them solely in the NT for a couple of years. We are very keen to schedule a course wherever it is needed so please check our website for locations or if you have a suggestion please contact me and let me know (flec@crana.org.au)

It was a delight to be instrumental in preparing these participants for their continued involvement with CRANAp^{lus}.

In case you have an AHP who would like to attend one of our courses this year, we have a REC course attached to the CRANAp^{lus} conference 21–23 October. Please contact the Adelaide office 08 84088203 for any information regarding the course.

If you have questions regarding appropriateness of content then please contact sue@crana.org.au or wendy@crana.org.au ●



What would it be like living...

250 km from your nearest town? 350 km from health services and a local school?

600 km from a cappuccino? And a chance to go out for dinner with friends?

To Inspire *And Empower* Rural & Remote Women

We are holding a

Ladies Day

At Durham Downs Station

~

In the heart of the Channel Country
in Far Western Queensland

~

On the Weekend
of 9–11 November 2012



This project will draw women from three states together to...

Network with other women

Share personal stories of survival despite heartache

Be inspired by guest speakers

Access imperative health services

Be empowered that, despite their remote location, they are not disadvantaged

...Giving hope and opportunity to women of outback Australia

In order to make this event truly memorable we are looking for organisations and individuals to support the project.

If you are interested please contact Kristy McGregor
Durham Downs Station
kristy.mcgregor@hotmail.com • Ph: 07 4655 7915 or 07 4655 4366

the MIDUS touch

MIDUS, the CRANApus Midwifery Up Skilling program, has been held in centres throughout Australia since it was developed in 2009, attracting more than 200 participants – not only midwives but also GPs and obstetricians.

The course, which focuses specifically on the needs of pregnant women (and their babies) living in remote and isolated areas, was developed in response to specific needs identified by midwives who wanted education that was relevant to the isolated environment.

Its development involved a comprehensive consultative process involving 398 midwives from across Australia who responded to surveys, with another 10 participating in semi-structured interviews to assist with further informing the advisory committee of program content priorities.

The result is a top-rate MIDUS program that provides an overview of current practice in antenatal, intrapartum and postnatal care and includes a discussion of complications in pregnancy and birth, and the emergency management of a pregnant woman and her baby.



Carefully supporting a breech birth.

To date, 238 participants have undertaken MIDUS courses in five states and the Northern Territory, from Alice Springs and Darwin to Toowoomba; from Perth to Port Augusta, from Broken Hill to Swansea. Courses in Cairns, Alice Springs and Broome are planned for the second half of 2012.

In 2011, the CRANApus MIDUS course gained ACRRM accreditation and, while it was initially developed for midwives, we are now seeing our medical colleagues discovering its value and enrolling. We encourage midwives, GP/obstetricians and obstetricians to attend one of our MIDUS courses to support a multidisciplinary approach to maternity care.

Comments from participants

"This course was just as I had anticipated and I leave with a renewed confidence. It is fantastically well targeted and conducted to achieve its aims!"
(MID309)

"One of the best courses I have ever done. Totally relevant and completely non-threatening. Feel very comfortable asking most basic questions."
(MID309)

"I think your case studies were an excellent teaching tool, a great way to review what has been taught. There needs to be more of these"
(PMID264)

"Giving it a go' in non-threatening environment made learning easier – more likely to stick in the brain too!"
(MID202)

Katie Sullivan
MEC/MIDUS Course Facilitator, CRANApus ●



Rural & Remote Distance Education

Management of Emergency Presentations of Drug and Alcohol Use

\$440 incl GST – Enrol by 28 September 2012

This **75-hour online course**, over 12 weeks, includes the following topics:

- Introduction to drug and alcohol policy
- Attitudes and values around drug and alcohol use
- Management of intoxication, overdose and withdrawal.
- Drug and alcohol assessment
- Overview of treatment options

Enrol now for course commencing
8 October 2012

Ask us for more details
Call Leone Pike **02 9745 7598**
or visit www.nursing.edu.au

**AUSTRALIAN
COLLEGE OF NURSING**
[RCNA & TCoN] Leading nursing expertise and care
through access, learning and advocacy

FLEC courses for 2012

Location	Dates	REC	ALS	MEC	MIDUS	AREC	AHW
Alice Springs, NT	13-15 Jul	●					
Cairns, QLD	20-22 Jul				●		
Newman, WA	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	29-30 Sep			●			
Launceston, TAS	1-3 Oct					●	
Mt Gambier, SA	4-6 Oct			●			
Pre Conference Cairns, QLD	7-9 Oct			●			
Pre Conference Cairns, QLD	10-12 Oct			●			
CRANApus Conf	24-27 Oct						
Post Conference	28-30 Oct	●					
Cairns	31 Oct		●				
Brisbane	9-11 Nov	●					
Brisbane	16-18 Nov			●			
Brisbane	23-25 Nov	●					
Brisbane (REC) ■	25-27 Nov						●
Brisbane, WA	30 Nov-2 Dec				●		
Darwin, NT	30 Nov-2 Dec					●	
Darwin, NT (REC) ■	4-6 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.

advocate

pushing for equity is a team effort

The voice of CRANApplus has always had a significant impact at all levels of Government. From the very beginning, the fledgling organisation, called simply CRANA, was able to advocate for the Remote Health Sector at the highest levels of Government.

We are probably even louder these days, but those who started to speak out for the inequities in remote health are still very fondly remembered and in most cases are still doing it.

The point is that advocating for the remote sector is very much a team effort. From those of our members who work on the ground to those who are involved in teaching, to managers and to academics: we all have a role to play in spreading the word and pushing for equity.

This is a sector where people are passionate because there is much to be passionate about, and much to change.



Photo: Stephanie Jeremy

Over the past year, I and other members of the CRANApplus team have spoken at numerous conferences, roundtables, Ministerial meetings, student forums and the like and, at the conclusion, the comments are usually the same: You people talk with so much passion.

We must be careful not to overwhelm people at all levels with the sheer magnitude of the space and the issues facing those who live and work within that space.

It is with this passion that we must advocate for the people who live and work in remote Australia, as it is only with passion that we stand out in the vast sea of advocates for their respective causes.

Most people believe in what they do. The trick is making others believe it too.

There is certainly a great deal of interest from people when you try and explain to them what 'remote' is, its size and its issues. But our challenge is converting interest into action.



A word of caution. We must be careful not to overwhelm people at all levels with the sheer magnitude of the space and the issues facing those who live and work within that space. We must be careful that the sector is not put into the 'too hard basket' simply because people are unsure how to 'fix' it.

Try to make people realise that we can make changes that matter.

We must tread a very fine line in this area of work. We must educate people to the beauty and the challenges of the whole sector and we must do this in such a way that they want to continue to support something that is as real to us as their world is to them.

All of you who talk to others about what it is like to be a part of this sector, please keep it up. Try to make people realise that we can make changes that matter.

Make sure that people who make policy and fund programs understand that closing the Indigenous health gap and the remote gap in general, is not impossible. It's hard. It's about meaningful partnerships and it will never be cheap.

But it must and will happen if we do it right.

Carole Taylor
CEO, CRANApplus ●

NURHC 2012: connect engage inspire!

The 2012 National University Rural Health Conference (NURHC) brought more than 160 medical, nursing and allied health students from universities around Australia to picturesque Creswick in rural Victoria. The aim of the conference was to connect students with their peers, engage them with the opportunities available in rural health and inspire them to take the next step and become the next generation of rural health champions.

The event was opened by Ballarat MP Catherine King, the Federal Parliamentary Secretary for Health and Ageing. The conference featured a range of expert speakers and sessions designed to engage and inspire student delegates.

Speakers included Victorian GPs, Dr Claire Hepper (Creswick) and Dr Ashraf Takla (Boort); Faye McMillan, President of Indigenous Allied Health Australia; Associate Professor David Pierce, Director of Rural Health at the University of Melbourne; and Professor Jennene Greenhill, Director of the Flinders University Rural Clinical School.

We were also lucky enough to have CRANApus President, Christopher Cliffe captivate his audience with stories of local and international Remote Area Nursing.

We were also lucky enough to have CRANApus President, Christopher Cliffe captivate his audience with stories of local and international Remote Area Nursing. Christopher recalled not only providing health care abroad but also logistical assistance such as fixing windows and building temporary huts.

Needless to say there are plenty of 2012 NURHC delegates wanting to follow in his footsteps! We were also very pleased to have Geri Malone from CRANApus attend and be able to speak to the students during conference breaks about the opportunities that are available to them.

A number of awards were presented at the conference formal dinner on Friday night to students who have shown outstanding leadership and dedication to rural health. The Rural Health Workforce (RHW) and National Aboriginal Community Controlled Health Organisation (NACCHO) Award for Outstanding Contribution to Indigenous Communities was presented to David Baker, a dentistry student at Griffith University, and HOPE4HEALTH Rural Health Club member.

A number of awards were presented at the conference formal dinner on Friday night to students who have shown outstanding leadership and dedication to rural health.

David coordinates a volunteer Emergency Dental Clinic Project in the Aboriginal community of Cherbourg, which provides emergency dental care and pain relief to the local community who otherwise would not have access to dental care and are often in chronic pain and discomfort.

Madeleine Venables, a medical student at the University of Western Australia was awarded the RHW Award for Outstanding Contribution to a Rural Health Club for being actively involved in both her Rural Health Club, SPINRPHEX and also at a national leadership level as a Medical Portfolio Representative on the NRHSN Council. ▶▶



NURHC delegates in picturesque Creswick, Victoria.



Christopher Cliffe presenting his keynote address in Creswick.



Left to right: Ben Crough, Simon Reid, Jacinta O'Neill, The Hon Catherine King, MP, Parliamentary Secretary for Health and Ageing, Catherine Ryan, Greg Sam, Rural Health Workforce CEO, James Roth, Francesca Garnett.

► The RHW Award for Outstanding Contribution to Rural and Remote Communities was presented to Katherine Humphreys, a physiotherapy student at Curtin University who had spent her university break in Roebourne, WA assisting in Aboriginal paediatric Pneumococcus research with the Telethon institute.

The RHW Award for Outstanding Contribution to Promotion of Rural Health was awarded to Tim Hasted, a medical student at University of Notre Dame for forming stronger linkages between the NRHSN and the John Flynn Placement Program.

Teena Downton, a medical student at the University of Wollongong was presented with the RHW Award for Outstanding Contribution to Rural Leadership for her passion, commitment and ongoing involvement with The Student Health Alliance for Rural Populations (SHARP), the NRHSN, her rural clinical placements and rural health research.

The NRHSN Best Rural Health Club Event of the Year was awarded to SHARP Rural Health Club's 'Check it Out!' event, which was a free men's health check day that involved the local

community and was able to provide health check to over 1000 men. SHARP tackled an often taboo topic of getting men to visit their doctor though engaging the community and inspiring men to take action with their health and be proactive in its management. The event was able to gain sponsorship from the local community and had great speakers.

The conference was hosted by Rural Health Workforce in partnership with the National Rural Health Students' Network, which represents more than 9,000 medical, nursing and allied health students who belong to 29 university rural health clubs.

The National Rural Health Students' Network and Rural Health Workforce are grateful for the support of the Department of Health and Ageing and other major conference sponsors for investing in such an important national student event.

Key sponsors included the Australian College of Rural and Remote Medicine, the national rural faculty of the Royal Australian College of General Practitioners, the University of Notre Dame and Rural Workforce Agencies (RWAs). ●

Standing by the people of remote Australia for 100 years



Frontier Services is the largest provider of aged and community care and pastoral support to people living in remote Australia. With a focus on addressing the specific needs of remote communities, Frontier Services delivers a range of crucial services including aged care, health care, family and children's services, community support and remote ministry.

For 100 years, Frontier Services has strived to build strong and resilient communities across remote Australia. More than 1,000 staff work alongside families and communities to help them overcome the disadvantage of distance and isolation and to provide a level of care and support that otherwise people would go without.

For 100 years, Frontier Services has remained at the heart of remote Australia, providing support to people, whenever and wherever they need it and reminding them that they are not alone.

To find out more about our work visit www.frontierservices.org or phone 1300 787 247.



call for help

The multi-sector 'Working Safe' project is looking for examples where health professionals, teachers and the police are working together in remote areas to help people feel and be safe in their working environment.

Whichever way it works for you, it may be that others can benefit from your connections, says CRANApus CEO Carole Taylor.

"Once again we need your help.

As a part of a committee made up of health professionals, teachers and police, focused on the issue of working safe in rural and remote Australia, I am looking for any examples of where these three groups of people work together in terms of safety or other areas of co-operation.

I am certainly aware of communities where two of these groups have a good working relationship: for example where clinical staff do health prevention work quite regularly with a local school; or where the police and the clinic staff have a good working relationship.

...community is more than the way we get on with the local Indigenous people and can also involve others who work out there with us.

I am looking for relationships that involve all three.

I have been saying for a long time that safety in communities is connected to a number of things.

One is the ability to be able to establish a good relationship with that community and the understanding of the culture and values of the people.

Another is that those who spend some time in a community can be less likely to feel unsafe from that community as a result of their community connectedness.

However community is more than the way we get on with the local Indigenous people and can also involve others who work out there with us.

It may well be that the nurses, teachers, AHWs and police simply have an informal friendship, with something as simple as drinks after work on a Friday where permitted.

I am quite sure that there are models out bush that could prove good examples of co-operation between you guys and teachers and police: I am keen to hear from people who make it work. If we could have some examples of communities where there is good co-operation and how that works, I would be very interested.

It may well be that the nurses, teachers, AHWs and police simply have an informal friendship, with something as simple as drinks after work on a Friday where permitted. Or it may be that the group has developed an understanding based only on events.

You may even want to let us know what doesn't work.

The 'Working Safe' project is an excellent endeavour and it is designed to find ways of making people feel and be safe in their working environment.

As usual, your help would be invaluable."

Carole Taylor
CEO, CRANApus ●



QUEENSLAND COUNTRY WOMEN'S ASSOCIATION
www.qcwa.org.au

AN ASSOCIATION
FOR QUEENSLAND
WOMEN WORKING
FOR FAMILIES
AND COMMUNITIES



climate and health alliance (CAHA)

Media Release: August 2012

Billions in health benefits from targeted climate action

Actions that cut carbon pollution can improve Australians' health and could save billions of dollars and thousands of lives each year, a new report finds.

Our Uncashed Dividend: The Health Benefits of Climate Action is jointly produced by the Climate and Health Alliance (CAHA) – a national coalition of health groups – and The Climate Institute. The report is supported by the Australian Medical Association (AMA) and Australian Healthcare and Hospitals Association (AHHA).

The report draws together a large and growing body of evidence from health and medical research showing substantial health benefits linked to measures to cut emissions.

"Evidence from around the world suggests we're missing out if we don't cash in on the big health dividend that cutting emissions can deliver," report author and CAHA Convenor Fiona Armstrong said.

"Cleaner energy, cycling and walking, protecting bushland, energy efficient buildings and low-carbon food choices all contribute to less chronic illnesses, including heart and lung disease, certain cancers, obesity, diabetes, and depression."

"One recent global study, for instance, found that for every tonne of carbon dioxide they avoid countries could save an average of \$46 in health costs – around twice Australia's starting price for carbon."



Armstrong said that few Australians realise just how much the country's pollution-dependent economy is costing them each year, for example:

- Coal-fired power burdens the community with lung, heart, and nervous system diseases costing an estimated \$2.6 billion;

and

- Pollution from cars, trucks and other modes of fossil-fuelled transport racks up a health bill estimated at around \$3.3 billion. In Australia, air pollution is thought to kill more people every year than the road toll.

The Climate Institute CEO John Connor said: "Climate action can be challenging, but it can be a solutions multiplier, delivering better health, substantial economic savings and improved quality of life."

"Climate action can be challenging, but it can be a solutions multiplier..."

"Climate action can mean that people's health and life expectancy improves, with fewer sick days, fewer visits to the doctor, fewer hospital admissions, reduced use of medication, and increased productivity."

The Australian Medical Association (AMA) has welcomed the report, saying that Our Uncashed Dividend has collated much of the available contemporary thinking and evidence around the effects of climate change and human health, and explains the health benefits that can be achieved through addressing climate change and its causes.

"Evidence from around the world suggests we're missing out if we don't cash in on the big health dividend that cutting emissions can deliver..."

The Australian Healthcare and Hospitals Association has welcomed the report: "This important report explains the health impact of climate change and shows how we can improve the health of Australians and save billions of dollars by cutting carbon pollution."

Our Uncashed Dividend and other related materials are available at www.caha.org.au and www.climateinstitute.org.au

For more information contact Fiona Armstrong:

Email: convenor@caha.org.au

0438 900 005

Twitter: @healthy_climate ●





support

meditation stops the “chatter”

Meditation has been used successfully to treat anxiety, depression and difficulties with sleeping. In addition, chronic pain, headaches and hypertension are among a wide variety of physical and emotional difficulties that appear to respond well to meditation. Annmaree Wilson Senior Clinical Psychologist with Bush Support Services explains here the research into the how and why of meditation’s success.

If you are stressed and call the BSS support line or attend one of our Self-Care workshops, one of the ideas that you may encounter is meditation. Although different forms of meditation are found in all the major world religions, it is the physical and mental health enhancing benefits of meditation that are the focus of interest for BSS.

A recent article in “World Science” (23 January 2011), discussed research that showed that participants in an 8-week daily meditation

programme experienced physical relaxation, peacefulness and a sense of heightened awareness. As well, these participants experienced significant improvements in memory, sense of self, empathy and stress.

So what does meditation do? The main impact of meditation is that it allows your mind to control the constant “chatter” that occurs.

Researchers have shown that meditation changes the brain in corresponding neural locations. It is becoming increasingly clear that meditation is central to recovery from a variety of psychological and emotional difficulties as well as an important way to generally improve the quality of life.

So what does meditation do? The main impact of meditation is that it allows your mind to control the constant “chatter” that occurs. In effect, it gives you rest from your ruminations through allowing the parasympathetic nervous system to take over from the sympathetic.



This is an important consideration particularly in high stress occupations such as nursing, because burnout can occur when the sympathetic nervous system is in control for too long.

So how do you start? There is no “right” way to meditate. If you are interested in the idea, the important thing is to make a commitment to a regular trial period. ►►



►► You need to find a quiet place where you can be alone or with other meditators. The space needs to be comfortable, warm (or cool depending where you are) and free of distractions...so no mobile phones!

You can sit cross-legged if that appeals but lying down (be careful not to go to sleep) or sitting in a chair is equally appropriate.

You can sit cross-legged if that appeals but lying down (be careful not to go to sleep) or sitting in a chair is equally appropriate. The important thing is that you are comfortable. Searching the Internet, the recommendations of length of time to meditate vary from 5–30 minutes but the study in the World Science article mentioned above recommended 30 minutes. Doing it at the same time every day helps it to become part of your routine.

Focussing your mind can occur in a variety of ways. The most common is to think about your breathing either by counting breaths or

being aware of the breaths in and out. Another common technique is to recite a mantra. This is usually a single word such as “one” or some other meaningful word of the day such as “dignity” or “respect”. Some people use visual focus on an object such as a candle to meditate. Others use mindfulness, by focussing attention on inner experiences and mentally stepping back to observe without judgment. A slightly different approach is through the movement of a discipline like tai chi.

One of the barriers that is often raised is lack of time. It is possible to meditate while doing other things, the trick here is to do a repetitive activity with focus. For example, you could meditate by doing the dishes or going for a walk, as long as your focus is internal rather than external.

Remember learning to meditate is like learning to ride a bike. It takes practice but the effort is well worth it. Meditation is free and a self-care strategy that you can do anywhere... even in the remotest of work locations!

Annmaree Wilson
Senior Clinical Psychologist
CRANApus Bush Support Services ●



Bush Support Services 1800 805 391 Toll Free Support Line

CRANAplus
bush support
services

Through the Looking Glass: An Introduction to Bringing Reflective Practice into Clinical Practice

Presented by:
Dr Annmaree Wilson,
Senior Clinical Psychologist,
Bush Support Services



Australian Government
Department of Health and Ageing

www.crana.org.au



Reflective Practice is becoming central to the ongoing professional development of health workers from many disciplines, particularly nursing. This is a skills-based workshop that aims to introduce participants to reflective practice in general. It aims to explore the theory of reflective practice as well as looking at some of the methods. Focus will be on highlighting how reflective practice can be useful in remote area settings.

Venue: The Sebel Hotel, 17 Abbott Street, Cairns
Time: 9.00am – 1.00pm (*morning tea will be provided*)
Day: Monday 22nd October 2012
Cost: \$50.00

As places are limited, we recommend **EARLY REGISTRATION** for this much sought-after course. Please complete your details below:

Name Telephone
Address
Email

For further details, please phone Dr. Annmaree Wilson on 0458 635 888
or email: scp@crana.org.au

Email or post your form to:
CRANAplus Bush Support Services
PO Box 1081, Smithfield QLD 4878
T: 07 4057 8147
bssadmin@crana.org.au

Bush Support Services is the support division of CRANAplus, which provides advocacy, education and support for the remote and rural health professionals nationwide. Funded by the Commonwealth Department of Health and Ageing BSS provides 24-hour 7-days a week support and counseling for all remote and rural health workers and their families. The BSS TOLL FREE Confidential Support Line 1800 805 391 is staffed by experienced psychologists with remote and rural experience. Callers may remain anonymous if they wish.

eat, live, work

Remote health practitioners around Australia are gathering together their favourite recipes and stories for a special cookbook.

CRANAplus Bush Support Services is behind the innovative project to create a publication that will be informative, funny and full of culinary tips and ideas.

BSS is calling on all remote health practitioners to become involved: including Aboriginal, Torres Strait and Allied Health Workers; those still working out bush and those who have already returned home.

You have until 31 March 2013 to send in your contributions. All contributors will receive a copy of the book and will also have a chance to win a prize.

"We hope to draw a huge response and our aim is for the book to be interesting, lighthearted, even funny," says Colleen Niedermeyer, BSS Manager.

"We hope to draw a huge response and our aim is for the book to be interesting, lighthearted, even funny..."

Apart from creating a fantastic cookbook, the idea behind the project is to take people's minds off the stressors and day-to-day hassles and give them something to focus on in their downtime, Colleen says. ►►



» "Health practitioners working rural and remote often work in isolation," she says. "Some clinics and country hospitals are in the middle of nowhere and there is no Gloria Jeans on the corner to grab a coffee with a friend, or catch up at the movies."

A pamphlet outlining the project is being distributed throughout rural and remote areas.

BSS is hoping all those dedicated people who go remote to provide health services will be pulling out the simple recipes they have found that worked so well out bush; that innovative recipe using bush tucker that they are proud of; or the recipe for good wholesome tucker that became a favourite staple.

"Health practitioners working rural and remote often work in isolation..."

Perhaps you want to share a 'community recipe' or an old family recipe which has been adapted using local foods. Your recipe can be cooked inside or outside, wind-dried or sun-baked, on top or underground.

And BSS is hoping contributors will attach their stories behind the recipes, providing a useful or amusing anecdote.

Updates regarding the competition will be regularly featured in the CRANApus Weekly eUpdate and also on the website:
www.crana.bss.org.au

"We do want to highlight that names will be printed next to recipes so if people want to remain anonymous – they should indicate this quite clearly," Colleen points out.

The recipes can be emailed to:
bssadmin@crana.org.au or posted to:
CRANApus BSS, PO Box 1081,
Smithfield QLD 4878

Any queries call: (07) 4057 8147.
Your entry should include your name,
address, email and phone numbers. ●

The 'Eating, Living and Working in the Bush' project is the third in a series of 'Craft Self Care' projects introduced by BSS (Bush Support Services), aimed at assisting with the prevention of stress.

The first project: 'the Cosy Blanket Knitting Project' encouraged health practitioners to knit woollen squares in their 'down time' to make up blankets for distribution to mates in need. BSS provided knitting kits which included wool and instructions.

Introduced in 2009 the response was so great the project still continues. Keen knitters send the squares to the CRANApus offices where local volunteers make up the blankets. In 2011 blankets were donated to various charities throughout Australia, such as the Queensland flood victims. This year blankets will be donated to Refuge Centres in New South Wales.

The second project: the 'Stress Buster Competition' encouraged people to do something different in their spare time and if possible, form a team or group with colleagues. This competition continued for two years due to the enthusiastic response. Among the team and individual projects were a diverse range of activities from; lead lighting; developing a lush vegetable garden in the middle of the outback to supply a local school; designing and making cloth dolls; designing and building a crab pot from local scrap items (dubbed "The Crabinator"); learning folk dancing and performing in costume at local weddings on the Cocos Keeling Islands.

This latest project, the Recipe competition "Eating, Living and Working in the Bush" is something different altogether. Everyone who submits a recipe will receive a free copy of the book when published.

Prizes for the most outstanding stories and recipes will be awarded. ●

BUSH SUPPORT SERVICES

CRANAplus
bush support services

1800 805 391

Toll-free Support line

a confidential telephone support and debriefing service

available 24 hours every day of the year

for multi-disciplinary remote health practitioners and their families

staffed by registered psychologists with remote and cross-cultural experience

available from anywhere in Australia

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

Phone: (07) 4057 8147 Email: bss@crana.org.au Web: www.bss.crana.org.au



Be part of the effort

To improve Indigenous health

Have you thought about being part of the effort to close the gap in Indigenous health outcomes?

RAHC has opportunities for urban-based Registered Nurses, General Practitioners, Audiologists, Dental and Allied Health Professionals to undertake short-term paid placements in remote Indigenous communities in the NT.



To find out more about remote placements with RAHC and how to get involved, visit our website today.

RAHC is committed to ensuring health professionals are well prepared and supported for their remote placements.



RAHC
REMOTE AREA HEALTH CORPS

Funded by the Australian Government

Get involved.
rahc.com.au