

CRANA *plus* magazine

the voice of remote health

RRP: \$10.00

Aboriginal and Torres Strait Islander readers are advised that this publication may contain images of people who have died.

Tambo Primary Health Centre

Opening hours:

Monday–Friday

9 am–12 pm

2 pm–5 pm

For appointments phone:
(07) 4621 7100

Closed public holidays

For assistance outside of opening hours:

In an emergency dial 000 for an ambulance.

For a 24-hour help phone:
13 24 68



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your future, divided

On average, Australian women have just over half the super of men.*

Maybe it's time to change that?

hesta.com.au/mindthegap

from the editor

For over three decades, CRANApus has provided expertise, resources and support to the remote and isolated health sector throughout Australia. Now, we have the rural sector in our sights.

A recent CRANApus survey and extensive national consultation with rural nurses has identified that this important cohort of health workers often miss out on much-needed support and would benefit from our attention. As a result CRANApus will use our leverage and resources to also support this sector. The findings of the national survey can be found on page 8.

In addition to our regular features, we have included in this magazine a number of engaging stories from rural nurses working across a diverse range of health settings. They speak with enthusiasm about their love of rural nursing and their communities.

Lesley Pearson from Western Australia is our 'ICON' this edition. Lesley is well known to many of you and has recently retired after 40 years.

A reminder: CRANApus Conference Abstracts close on 15 May and registrations are open. We encourage you to join us at Cable Beach in Broome in October. You can find more information on our Conference page: www.cranconference.com

I know we have often used the term 'bumper issue' but this time it's an understatement. The Autumn edition is crammed with stories and informative articles that we hope will be of interest.

Contact us if you have a story you think will be of interest to our readers for possible inclusion in future editions. We are also always looking for images of you at work and play or perhaps you have a favourite scenery shot to add to our photo bank for use on our website and in future editions.

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Every effort has been made to ensure the reliability of content. The views expressed by contributors are those of the authors and do not necessarily reflect the official policy or position of any agency of CRANApus.

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CRANApus' Patron is The Hon. Michael Kirby AC CMG.

About the Cover: Rural Nurse Isabel Pearce outside Tambo Primary Health Centre. Read article on page 20.

from the ceo



Dear CRANApplus Members and Stakeholders,

Welcome to another bumper edition of the CRANApplus Magazine.

To produce this quarterly publication is no easy task. It requires months of researching, sourcing and writing articles, organising photos, creating layouts, planning the design, securing advertising, proofing and printing.

All of this comes at a significant cost, but we believe that it's important for our unique context of healthcare to have its own voice. We also feel strongly that we have a role to play in countering the promulgation of misinformation, rumour, sensationalism and gossip through social media.

Our magazine is a place to share stories and have opinions that would otherwise be lost amongst the avalanche of information and news that clinicians field every

day. Things are changing rapidly within healthcare, and remote and isolated areas aren't immune. Therefore it's beholden on us as healthcare professionals to keep abreast of change and ensure we are well informed about our industry.

CRANApplus has been fortunate to be able to afford to keep your magazine as a printed hard copy, rather than an on-line only magazine, made all the more achievable by the long term and generous support of our suppliers. We hear regularly the support for, and understand the convenience of, a small magazine that you can throw in your bag and read on the plane or perhaps flick through in the clinic while waiting for the delayed evacuation.

This magazine is just one of the ways in which CRANApplus takes its role of disseminator of factual information seriously. We also provide weekly email updates, a comprehensive website and maintain a CRANApplus Facebook page.

I'm sure you'll find this edition chock full of interesting and important information, and as always we welcome your feedback, suggestions and comments.

Cheers

Christopher Cliffe
CEO, CRANApplus



CRANApplus acknowledges the Aboriginal and Torres Strait Islander Peoples as the traditional custodians of Australia, many of whom live in remote areas, and pays its respect to their Elders both past and present.

It's time to come together.

The 35th Annual CRANApplus Conference is a major professional and social opportunity for the Remote and Isolated Health Workforce of Australia to network, connect and share.

Registration is NOW OPEN
Abstract Submissions CLOSE 15 MAY 2017

Keynote Speakers include

Dr Keith Suter

Michelle 'Shellie' Morris



www.cranapconference.com

35TH ANNUAL CRANApplus CONFERENCE
THE FUTURE OF REMOTE HEALTH
AND THE INFLUENCE OF TECHNOLOGY
Cable Beach Resort, Broome, Western Australia
October 18-20 2017

CRANAplus
improving
remote health

education | support | professional services

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engage

securing a safe future

The first stage of the Safety and Security Project saw the release of the 'Remote Health Workforce Safety and Security Report'. The report identified the outcomes of a national conversation with remote area clinicians, managers and stakeholders.

Six key areas were identified including: staff assault, vehicle and travel safety; emergency communication, dog attack, bullying and harassment; and personal wellbeing.

The second stage of the project is underway and involves the development of a set of national remote health safety and security guidelines and a suite of practical resources including an app, a resource book and online training. I would like to personally thank the valuable members of the Safety & Security Expert Advisory Group for volunteering their time and wisdom towards the project.



We had an unprecedented response to our recent survey of the rural nursing workforce, with 756 people completing the survey, with some extremely useful data captured. An infographic has been produced and can be found on page 8, that gives you an idea of the important themes.

The Remote Area Nurse Certification process is progressing as a framework for practitioners to demonstrate their performance against the nine professional standards of remote nursing practice. This CRANaplus initiative will enable nurses and midwives to log into an online portal, (which is currently in the testing phase) through the CRANaplus website, where they can undertake a self-assessment. This framework will reduce the duplication of education preparation and drive an industry wide minimum standard for remote nursing practice.

This year's Conference theme is 'The future of remote health and the influence of technology'

in Broome. We are excited to announce Dr Keith Suter, one of Australia's most influential futurists and media commentators in local and global affairs, and Shellie Morris, story teller, musician and 2014 NT Australian of the Year, 2014 NAIDOC National Artist of the Year as this year's keynote speakers.



Registrations will be limited this year due to the limited capacity available in Broome, so be sure to book early to avoid disappointment.

As our current 3-year strategic plan document nears the end, the Board of Directors and our senior staff are meeting early in 2017 to review the CRANaplus organisational strategies and governance arrangements. This is in an important time for the remote and isolated health workforce organisation. As a result we ensure that CRANaplus is not only organisationally sound, but that we continue to support healthcare delivery in remote Australia.

Taking the time to listen, without the 'noise of doing', is often great learning and sometimes it's a lesson which is only gained the hard way.

In this busy and often demanding service delivery world we spend a lot of time 'doing'. Taking the time to listen, without the 'noise of doing', is often great learning and sometimes it's a lesson which is only gained the hard way.

Paul Stephenson
Chair, CRANaplus Board of Directors ●

40 years of passion

Lesley Pearson, Silver Chain Director of Clinical Services, Country Services, has retired after more than 40 years providing community and health services to rural and remote communities.

Throughout her career, Lesley has been passionate about challenging and improving the inequity in health access to marginalised communities across rural Western Australia.

A highlight came in 2007 when Lesley was the executive producer (and film location nurse) for Silver Chain's small drama film 'We Always Dress for Sunday Lunch'. This film confronts the issues for health services around individual's stories focussing on the impact and importance this has in person and community centred care. This film and accompanying training materials have been used in supporting both Silver Chain staff and other organisations in better understanding individuals with dementia and their story. In 2008 this short film won an AFI cinematography award.

More recently, Lesley was the recipient of the 2012 CRANaplus Remote Health Management Award, nominated by her colleagues and peers for her leadership in innovation, and for her compassion and high degree of integrity in the delivery of Health Services to Rural and Remote Australian communities.

Lesley, who is passionate about the delivery of best practice care in the remotest of communities and about the implementation of health reforms that make a difference, was recently involved in the development of National Standards for Nurse Practitioners.

She has been instrumental in the support and development of many of Silver Chain's rural and remote communities in Western Australia.

Her enthusiasm, commitment and expertise are admired by her colleagues, and she is respected across the state. ●



Lesley (centre) at the opening of the Eucla Nursing Post.

CALL FOR ABSTRACTS INVITATION NOW OPEN

CRANaplus invites you to submit Abstracts for the 2017 Annual CRANaplus Conference

35TH ANNUAL CONFERENCE
**THE FUTURE OF REMOTE HEALTH
AND THE INFLUENCE OF TECHNOLOGY**
Broome Western Australia
October 18-20 2017
www.crana.org.au

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improving remote health
education | support | professional services

By its very nature, remote and isolated areas generate unique, resourceful and innovative approaches to the delivery of health care.

Technology is advancing at a rapid rate, and we must ponder the question – *Has, does or will this change the way healthcare is supplied, experienced and performed in remote Australia?*

- What does the future of remote health look like, are we leading the way or stuck in the past?
 - What are the innovative ways in which technology is utilised in the bush?
 - Is technology the answer for improved access, safety, quality and affordability of remote healthcare?
 - What are the benefits, risks and challenges that present to health professionals and consumers?
 - Are our consumers getting healthier?
 - What's coming, what's just over the horizon?
 - Are we moving away from meaningful human interactions, what are the long-term implications?
 - What foreseeable support will the remote health workforce need in the future?
 - How is data changing the way we think and provide healthcare?
- We encourage submissions from:**
- Remote and isolated health professionals
 - Consumers
 - Remote or isolated health and community Service Providers
 - Aboriginal and Torres Strait Islander health services
 - Undergraduate and postgraduate students
 - Researchers and education providers
 - Professional bodies and associations
 - State, Territory and Local Governments
- Presentations are 15 minutes with additional time for questions at the completion of each session.
- CLOSING DATE
MONDAY 15 MAY 2017**

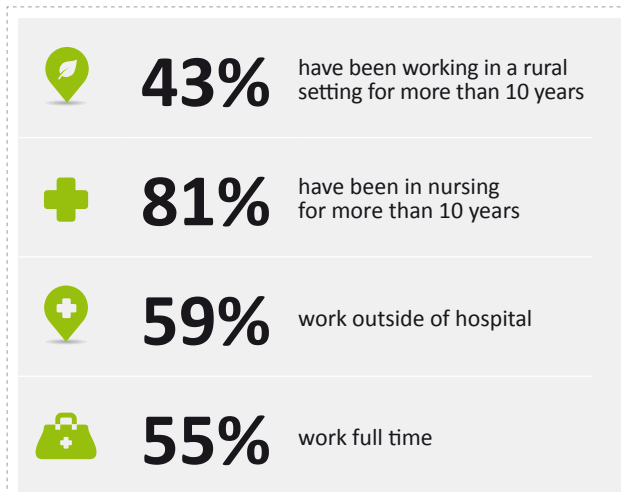
CRANApplus

RURAL NURSES SURVEY RESULTS

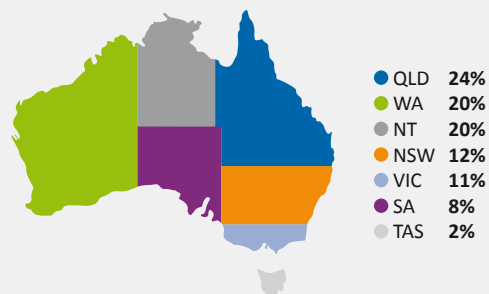
TOP 7 ISSUES FOR RURAL NURSING...



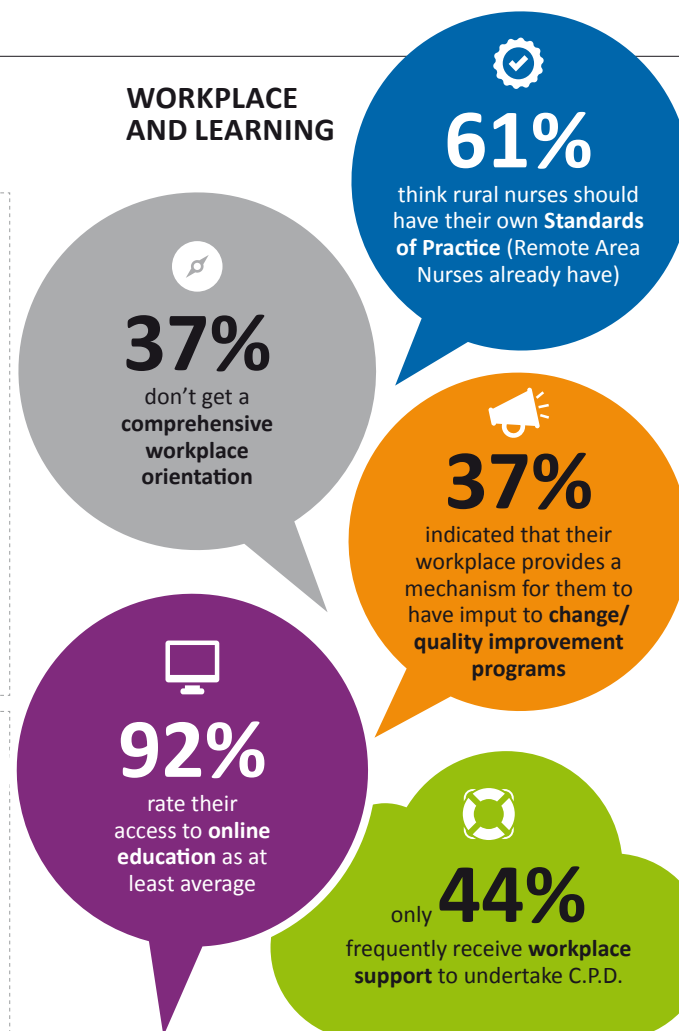
WORK AND PROFESSION



Which state/territory are you currently working in?



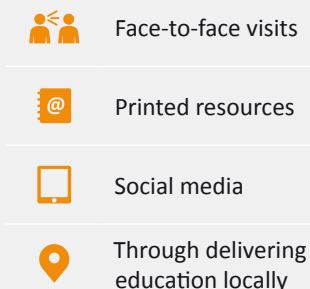
WORKPLACE AND LEARNING



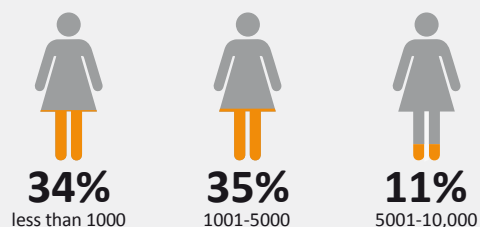
Top 4 gaps in professional development



What do you think is the best way for CRANAplus to engage with the broader rural nursing community nationally?



Approximate population of the community where you work



the three Cs of rural nursing: challenges, characters and charm

Registered Nurse Gaye Fisher, who has been working rural for 17 years, has a very interesting take on the life and role of a rural nurse.

Forgive me, Dorothy...

I treat sunburn in the country

Some bloke with aches and pains

The jagged lacerations

And no patients when it rains

I get the odd hair raiser

I assess the ENTs

The wonders and the traumas

Rural nursing – that's for me!

Marrying a farmer in WA's Great Southern fast-tracked my rural nursing career. I work regular relief between a solo nursing post at Jerramungup and Gnowangerup District Hospital, a small hospital with eight aged and six acute beds. A farmer's daughter, I always intended to 'go country' once I'd gained enough experience, so I took opportunities to learn skills usually assigned to others in my first years at Fremantle Hospital.

Did this hold me in good stead early on, when alone, with a farmer who'd severed three fingers? Sort of. Going from working in a team to solo was a steep learning curve. I managed to triage, cannulate, document, liaise with RFDS, hospital and surgeon, and administer S8s – with a panicked prayer and adrenaline pumping!

In hindsight, I don't think you can ever be truly prepared for the challenges, the characters and the charm of rural nursing. A country GP told me farmers only attend when they're nearly dead but not quite! I saw a farmer three days after splashing alkaline in his eyes because he needed to finish the spraying job while the weather held!

Do I now thrive on the stimulation that rural nursing brings? Absolutely! I'm more confident, assertive and organised. I'm a tougher advocate for my patients and trust my intuition. I surprise myself with what I achieve. Cannulating a child would have once freaked me out, but one day I had to do it, so I did!

I find the autonomy offered suits my nonconformist spirit better than the politics of the wards. It's the unpredictability of whatever walks, crawls or is carried through the door.



Opposite: Gnowangerup District Hospital. Above: Gaye with 91-year-old June, permanent resident and livewire!

I'll be assessing the 15th viral ENT for the day, and then a shearer arrives with blood dripping through a filthy towel.

Lack of resources (particularly staffing) create challenges. For example, I was assessing the hospital cook in A&E who'd developed chest pain during her shift. The ward duress alarm goes. There was only myself, an EN and PSA on duty. Do I stay or do I go? I went, to find an aged care resident, whose girth is greater than her height,

on the floor – thankfully, she was not injured. The EN was there, so I gently informed my oldie that I had a patient with chest pain in A&E, and she'd have to wait until we could find three staff and a hoist to get her up. I then raced back to the cook...

Because I live in the community where I work, there is no anonymity for my patients or me! However, there is unspoken mutual trust and respect that moves across the professional and personal boundaries. And that's ok. These are the people I care about, I share in an aspect of their lives that many don't, and to me this is a privilege. ●



diversity and autonomy

A rural nurse is not only a nurse. Because of the scarcity of health resources, he or she is also a social worker, counsellor, physio and many more allied positions rolled into one. That is exactly what Nurse Practitioner Simone O'Brien enjoys most about her rural work and what she finds most challenging.

"I love the diversity, and the bond and connection that you can forge with patients and the community," she says.

"I also enjoy working with patients to make a difference to their whole health," she says, "and the never-ending wonder of what situation may next walk through the door (and usually after hours)."

Simone, who works at Heathcote Health in Central Victoria, says her Graduate year at Healesville Hospital in the Yarra Valley cemented her desire to 'go rural'.

"In my early nursing years, I worked in some larger metropolitan hospitals and learnt they weren't for me," she says. "They didn't have the diversity or autonomy that I wanted in my nursing."



Above: Simone O'Brien (left) and Linda Blair co-presenting at the 2016 CRANAplus Conference in Hobart.

"I then moved to Central Victoria, did my midwifery training and also commenced working at Heathcote Health. I love the people here – both patients and staff – and I feel that rural nurses can make a big difference and impact on the holistic health of a community and the people in it."

"There are very real barriers preventing access to health in rural areas... and a lack of capacity building for Nurse Practitioners within funding frameworks to alleviate the situation."

Simone's personal highlight came last year when she implemented an Outreach Program at Heathcote Health that took the Nurse Practitioner and the Rural and Isolated practice-endorsed registered nurse out of Acute/Urgent Care and into the community – giving them better access to those who are most in need, isolated and vulnerable. "This program has seen outstanding patient results and huge benefits for the small rural health service," she says.

Simone says she gets frustrated with the scarcity of resources and with Government bodies that are slow to recognise the capacity that the nursing workforce brings to rural areas, in the absence of other health workforces. "There are very real barriers preventing access to health in rural areas," she says, "and a lack of capacity building for Nurse Practitioners within funding frameworks to alleviate the situation."

Simone would ultimately like to move into remote area nursing "once my teenagers have flown the coop." ●

rural nursing offers so much

Frankie Harlow, Director of Nursing at Blackall Hospital in Queensland, could get a second job promoting rural nursing as a top career choice.

Attention all those considering a tree change: Frankie reckons rural nursing is the answer "if you enjoy diversity, enjoy people, want to be challenged and want the opportunity to grow," she says.

And there's more!

"It's also a great opportunity to develop your career pathway quicker than working in the metro areas, as there's less competition and a smaller pool of professionals," she says.

"And if you show resilience and resourcefulness, two attributes you need in rural environments, are willing to learn and apply yourself, you can progress anywhere."

Frankie, who comes from the Innisfail area and grew up on a sugar cane farm, did her general nursing and midwifery training 27 years ago and has predominantly worked rural.

She has also worked remote: mostly in Queensland, in northern NSW as a nursing educator, but again serving rural communities, and with the Royal Flying Doctor Service across Queensland and in Port Augusta.

"Some people find working in rural locations stressful, but I enjoy having to be resourceful and to think on your feet..."

At Blackall for the past eight years, Frankie also supports the nursing staff in the clinics in Tambo and Isisford, both 100km from Blackall and the practice nurses at Black Stump Medical Centre.



"Some people find working in rural locations stressful, but I enjoy having to be resourceful and to think on your feet," she says. "I also love the creativity required, finding creative ways to deal with resource shortages, for example. We don't have the fancy equipment in ICU units in metropolitan areas, and we have to adapt accordingly."

"Sometimes rural work involves working your tail off when the chips are down, because of the lack of staff," says Frankie, pointing out the challenges. "And it's often difficult to maintain professional networks except through social media. Lack of childcare in many rural communities makes it hard to attend conferences and professional functions."

"I did have aspirations to work in the big smoke at one stage," she says, "but generally that only lasted a year or so when the romance wore off."

"I like people and building relationships with people as a health professional and you can do that at a greater level and to a greater degree of achievement in a rural community," she says.

"While there can be a lack of privacy, there is a degree of comfort."

"I love diversity: you get that in emergency and in a rural community." ●

retaining rural nurses

Motivation and on-going professional development is crucial to retaining nurses in the rural workforce, says Paul Mariano, a Registered Nurse at Blackall Hospital in rural Queensland.

"I can't stress this enough," says Paul, who has seen fellow graduates slip back into city settings.

Paul, who graduated in 2015, is now looking at his own professional development to cater for rural needs, and lists his priorities: trauma, clinical teaching, advanced health assessment and primary health.

Growing up in the Philippines and studying in Brisbane, rural Australia was not Paul's plan. His final practical placement in Barcaldine, 100km from Blackall, however, made him realise the rural path was the experience and challenge he wanted.

"I am enjoying it, and now looking at diversifying.

"We are in an area here where there are a lot of farm workers and a lot of tourists, and we get a lot of trauma incidents from road and machinery accidents.

"Being able to give primary care with the limited resources available in the rural setting,

to prolong someone's life until we can get them to a hospital is so important."

Public health is another important area for rural health workers, says Paul.

"We live in such tight-knit communities, the management of an outbreak of influenza, for example, is critical, to avoid it spreading.

"I see so much diabetes and respiratory problems here, too. It is so important to provide good education to help reduce and prevent such diseases."

"It's important for rural nurses to have opportunities for continuous up-skilling..."

Becoming a nurse educator is also on the agenda for Paul, who is now seeking the best online courses to undertake a Graduate Certificate and then a Masters to reach that goal.

"It's important for rural nurses to have opportunities for continuous up-skilling and updating," he stressed, "to avoid slipping behind nurses in the big city hospitals." ●



Above: Farewell morning tea at Blackall Hospital.

rural was always the choice

As a migrant from South Africa, a rural posting was more feasible for newly-qualified Enrolled Nurse Megan Brophy, who was facing the added demand of getting work sponsorship. But she says that, given the choice, she still would have chosen rural.

"It's something I wanted to do," she says.

"I think it's good for personal development to get away from the hustle and bustle of city life. I've even started to go to yoga, something I've always wanted to do."

Northam, cradled by mountains as it's in a bit of a dip, is "fabulous", says Megan.

"Everything is eight minutes away: my work is eight minutes away, the shops are eight minutes away."

Megan has worked at Juniper Bethavon Aged Care in Northam, an hour's drive from Perth in Western Australia, since July last year.

"People worry that aged care means they will lose their skills. I think you get more..."

"I love it. Other nurses often want to go into mental health, emergency, the sexier areas," she said.

"People worry that aged care means they will lose their skills. I think you get more.

"Aged care is interesting. You're dealing with people with all the ailments, all the comorbidities, and possibly dementia at the same time.

Megan talks about job satisfaction and self-development. "Aged care is a little bit different, the routine is different," she says. "I get to build relationships with people, they are not patients coming and going.

"Aged care has taught me so much. My last job was sitting behind a computer. This is hands-on: it's not for money, it's for helping.

"I love going to bed at night and knowing I am doing something important," she says.

"You get to walk with the residents along what is a scary and important journey in their life. I also like how it makes me more grateful for what I have, to confront what is coming to me, to all of us." ●



Photo: Donna Lamb

patients in prison

If you can think on your feet, can cope with constant chaos and accept that medical emergencies are the norm: then becoming a nurse within correctional services nursing could be for you, says Nurse Unit Manager/Registered Nurse Melissa Allen, who works in South Australia's largest rural prison – Port Augusta Prison.

Oh. And deliver chronic disease management, undertake mental health assessment and counselling, plus drug and alcohol services.

Melissa, nursing since the late 80s, trained in the Princess Alexandra Hospital, the biggest public hospital in Queensland and worked in Brisbane for a couple of years after graduating.

But she always knew that rural and remote was her destiny.

"My great love for rural and remote began when I went to work in Alice Springs," she said, "but I was always interested in that field, though I didn't realise it.

"When I treated a patient, I was always curious about what had happened in that person's life, the triggers and causes of their medical situation that contributed to them arriving through the front door of the hospital. I've always been interested in what you can recommend, what you can do to help after they leave, the importance of discharge planning.

"That's primary health care – and that's what you need to have a passion for when you work in rural and remote areas."

Melissa has a Masters in Population/Public Health and various post graduate diplomas and certificates in topics that are important in rural communities.

"I love my work with this marginalised group of people," says Melissa, who has worked at the Port Augusta prison for four years.

"Correctional service nursing is unique: the people are usually very sick; they haven't had the opportunities, perhaps the education or inclination, to look after themselves. When they first arrive to us they are commonly quite unwell.

"I get a lot of job satisfaction when I have patients who turn that around; who develop hope to become something better and learn self-respect.

"In the prison system, you are, by definition in many senses nursing remotely," says Melissa. "You are isolated from other health services, even if you are in a metropolitan prison.

"Although the treatment for medical emergencies is not at the advanced life support level, chronic disease management, primary/secondary survey and assessment is at the very advanced level.

"If you love rural and remote nursing, the challenges of addressing the needs of patients within prison are very similar..."

"You see the combination of things here you would not see anywhere else: assaults, industrial accidents, chronic disease, BBVs/STDs, pregnant women, sporting injuries, mental health issues, disabilities, aged care, drug and alcohol addictions, spinal injuries. The list goes on.

"Another difficult working factor is that you don't have 24-hour access to your patients: they are 17.5 hours in lock down per day. You have six and a half hours to nurse them, and that includes giving daily medication to 550 patients.

"If you love rural and remote nursing, the challenges of addressing the needs of patients within prison is very similar – while issues of access to specialist services and physical isolation is the same." ●



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Programmed Health Professionals, a leading supplier of staffing solutions across Australia, currently has opportunities for Registered Nurses, Remote Area Nurses and Midwives to work short and long term contracts across Regional Australia.

To register your interest, please call our Regional Consultant:

0417 077 808

Or email rural@programmed.com.au



heartbeat of harrow

The Harrow Bush Nursing Centre, the heartbeat of Harrow in the West Wimmera of Victoria, has been providing vital health care services to the community for over 100 years.

Emergency provision is one of the most important services provided at the centre, which is one of only 15 bush nursing centres left in Victoria. Four of the nursing staff are trained with Ambulance Victoria as Remote Area Nurses (RANs), which means the centre is first-line provider of emergency care in the event of a '000' call. These RANs carry an ambulance pager after hours, which is activated in the event of a '000' call, and a Harrow Bush nurse will attend the emergency where possible.

Harrow Bush Nursing Centre provides a range of clinical and nursing services to this bush community, including palliative and respite care, health promotion, education and clinics, podiatry and dietetic services, and runs various interest groups.

The Centre is proud to auspice the Harrow Neighbourhood House and the Harrow & District Men's Shed. This unique model provides even greater access to health and wellbeing care needs as people come and go, for many different reasons, but connect to the staff and allied health workers on a regular basis.

The centre, employing 15 staff, featured in an ABC Backroads episode in January, which

showcased the tiny township. Presenter Heather Ewart took to the country lanes with nurse Tina Rogers during one of her nursing rounds. Heart-warmingly, the footage shows the importance of Tina's visit to elderly clients still living on their farms. "Hopefully the national exposure can inspire younger nurses to take up positions in the bush as the job is incredibly rewarding," says Tina. "I've worked for hospitals, but this job adds a whole new dimension to my nursing skills and I feel very fortunate to be able to work here."

"Everyone who works here feels that they are an intrinsic part of the community and the knowledge that everyone contributes to providing such a vital service is very rewarding," says Ann Vaughan, the Centre Manager.

Although Harrow Bush Nursing Centre receives state and federal government funding, it needs

the extra support of annual memberships, donations and fundraising. Pathways to Harrow, a multi award winning project run from 2012 to 2016, helped raise some funds as well as provide a much needed community health initiative and social inclusion event.

It showcased 25 women who moved to Harrow, outlining why they moved there and why they stayed and books published from this project are on sale at the Centre.

Harrow Bush Nursing Centre is open Monday to Friday from 8.30 to 4.30 and closed public holidays. People are welcome to pop in and say hello if they are visiting Harrow. ●

Below: Community members celebrate Harrow Bush Nursing Centre's Centenary in 2013. Photo courtesy of Leanne Mulcahy Photography.



isabel's career plan

Gaining her Rural and Isolated Practitioner Registered Nurse (RIPRN) endorsement is Isabel Pearce's immediate aim. Her longterm goal is to work in emergency and ultimately for the Royal Flying Doctor Service (RFDS).

An impressive career plan for a young woman who grew up on a cotton farm on the Darling Downs and who wasn't sure what she wanted to do, apart from working in a rural environment that involved helping people.

Isabel reckons she has a teacher to thank: a teacher who said she wouldn't achieve anything.

"That drove me to really work for something," says Isabel who first trained as an Enrolled Nurse before undertaking her RN qualification. At 22, Isabel is the 2nd year new graduate Registered Nurse at the Primary Health Care Centre in Tambo, a community of about 500 people in Central West Queensland.

Up to 90 people can walk through the centre's doors a week, and situations range from highway accidents to the management of local patients' chronic diseases, assisting in the clinics run by doctors visiting Tambo twice a week to

undertaking triage on any emergency patients that walk through the doors any time of the day any day of the week.

When she achieves her RIPRN endorsement later this year, Isabel will have even more responsibilities in situations when there is no doctor available.

"I have loved nursing ever since my first crack at it and decided this was what I wanted to do," says Isabel.

The diversity and autonomy, and the ability to grow careerwise with a lot of support and guidance is what she loves about working in the rural environment.

"I am transferring patients in the back of an ambulance to the nearest hospital 100km away: you would never get to do things like that in a tertiary hospital," she says.

"I have grown so much as a clinician since I graduated 18 months ago. My first six months was at Blackall Hospital where my assessment skills and knowledge really developed and I learned I had more in me than that I thought.

"Getting this position was a huge highlight for me." ●



Above: Tambo Hospital circa 1900.



sights set on remote

Sydney paramedic Andrew North, who has extensive experience as a safety, emergency and crisis trainer and consultant, has set his immediate sights on becoming a Registered Nurse so he can go remote.

"I love educating people, and I love treating people," said Andrew, who already has a Bachelor's Degree in Crisis/Emergency/Disaster Management from Charles Sturt University. He hopes to complete his nursing degree within two years.

A stint back in 2010 looking after the security and primary health needs of the Australian media at the Commonwealth Games in New Delhi in India was the impetus for Andrew's decision to become a remote area nurse.

"That was a great experience," said Andrew, who runs his own consultancy, helping individual workers and companies proactively create their security, health and safety plans and prepare for potential incidents.

"I was responsible for 70 people in a foreign country, coping with issues such as supply difficulties and language problems.

"The importance of planning and conducting emergency and crisis management training and rehearsals came to the fore on that job.

A cameraman broke his ankle and, because we were prepared for that very contingency, our reaction was seamless. I looked after him, he got the proper treatment and the insurance issues were dealt with."

Andrew considers having qualifications as both a paramedic and a Registered Nurse will broaden his opportunities. "It will give me so much more scope. When I graduate, I plan to offer my services as a remote area nurse.

"I also love security and protection work and one of my passions is working in the area of workplace violence."

Andrew's longterm goal is to work in crisis and disaster situations in Australia such as cyclones and, in the future, to perhaps work overseas on international emergencies. ●



Photo: Amy Hill.

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there is so much more to learn and talk about

General Practitioner, Dr Bruce Barker (pictured right) shares his and his wife Dr Jennifer Barker's experience.

I have been a GP for 35 years now, and for most of this time, we have been in minor centres, firstly near Geelong, Victoria and then Launceston, Tasmania. An injury made it briefly (5 months) impossible for me to work and this enforced lay-off gave me the opportunity to rethink how I wanted to spend my medical twilight. I had met with a representative of the Remote Area Health Corps (RAHC) a few years ago, and this meeting was a dormant kernel until my injury occurred. My wife is also a GP and just like me, was thinking about alternatives to semi-urban practice. It was our mutual decision to approach RAHC about working in the NT. Medicine in Central Australia is not like going to another country it is more like going to another planet; it is so different and thus incredibly interesting.

By far our longest stint was at Urapuntja, Utopia; it is located on the Sandover Highway about 250km from Alice Springs. The 'Sandover' boasts only a single 16km strip of bitumen along its substantial length. The rest is sandy in good weather but impassable with slippery mud and dangerous washouts after even modest rain. Prior to going, RAHC provides a forum and very useful educational package online for the clinical issues we were to face in remote practice. RAHC also provides a driver and vehicle for the Utopia job, delivering nurses or doctors to locations safely, which is not always easy in the weather and road conditions of the NT.

The communities we helped service are all Indigenous. The health problems include; chronic skin infections, diabetes, hypertension, unbelievable amounts of renal disease (beginning even in teenagers), auto immune

disease (lupus in particular), social problems, anaemia, severe bacterial infections, results of domestic violence, and not to forget, sexually acquired infections; we are always on the lookout for syphilis especially in young people. The general guide to all treatment and management is the blue book, the current CARPA manual, a distillation of medicine tailored around the limitations and practicalities of remote practice. It is a well thought out guide which is generally pretty sensible, but it is still no replacement for being innovative, up to date and imaginative in dealing with the myriad of people and their complex multiple morbidities.

Are we helping these people? Without any doubt, the answer is yes. There have been vast improvements in child mortality, and in achieving greater longevity despite a burden of morbidities...

We stayed for a month at a time, and each time we built up a greater body of experience not only of the medical problems for which we were primarily employed but also the social issues, the incredible natural beauty right outside our houses, the changes with each season and relearned the ability to work with a team in addressing both chronic and acute problems. I have talked with Bush Nurses, Elders, Aboriginal Health Workers and long term locals about the problems we all face in the bush. In fact, this essay is a distillation of all these discussions. The medical problems are acute and chronic; the former can be straightforward illnesses or can be highly complex with the



need for managing serious electrolyte disturbances, septicaemia and the like. The chronic diseases often require multiple medications, frequent monitoring both clinically and biochemically, enormous education, helping people who are notoriously poorly compliant, have poor school education, endemic deafness, poor command of English, and where disease rather than health is increasingly regarded as the new normal. The child without the discharging ear or with clear uninfected skin is the abnormal one in some communities.

Are we helping these people? Without any doubt, the answer is yes. There have been vast improvements in child mortality, and in achieving greater longevity despite a burden of morbidities, due to the medical and nursing care supplied by the health workers in community settings.

However, if I could choose between building a modern clinic in a remote, unserved part of Australia and providing adequate, abundant clean water, I know which I would choose.

It is impossible to wash when the water supply is poor. Facial washing, not antibiotics, is the best preventative strategy for trachoma. The contribution of all the health workers I have met is enormous, their passion, their commitment, their knowledge of their communities is inspiring. However, the social factors are powerful forces always working against further widespread improvement.

There are all sorts of causal relationships between society, culture and health. Teasing out these relationships can give an idea where I think efforts need to be directed. Firstly, the antenatal, uterine environment must be optimised to give new Aboriginal babies normal healthy organs and the necessary reserves of iron and nutrition. Antenatal traumas extend from alcohol abuse, high levels of smoking, persisting iron deficiency, missing antenatal visits, prematurity, mothers who already have kidney disease and diabetes, to generally poor maternal nutrition. There are very few formal studies of these issues in Aboriginals. ►►

» The cultural norm in many families in Utopia (but far from all) is that children are the last fed in a family; they turn up at the clinic famished. One child I saw who was a visitor to Utopia, had not eaten for a day, and had a prolonged apnoeic and asystolic spell aggravated by his hunger. The parent's excuse was that they had been too busy attending a football carnival to chase up some food, any food for their children. Alcohol is a sporadic problem in Utopia due to being a dry area, but gambling is an endemic problem. Gambling there can totally consume some family incomes making purchase of food and the basics of life impossible.

The men eat first, the children last. Poor child nutrition compounded by early and frequent diseases, including; ear infections, trachoma, chest infections, rheumatic fever, too often leads to a huge burden of ill health even before children get to school. The Utopia Clinic is particularly imaginative in developing new strategies to educate and encourage young mothers to turn this around, and though this is an untested approach, they should be applauded for moving out of the medical model and embracing community in a new way. There are also several government programs that address these issues. Once at school, the children get regular meals, regular washing, and in short, simply do many of the things a family should be doing, but cannot for all sorts of reasons. However, school attendance can be poor, due to education having a much lower priority than the whims of the child, not attending during the months of football carnivals, the cultural expectations about Sorry Business (a heartfelt community usually grieving for months that stops the normal operation of a community), and the really low emphasis on getting an education. Some talented children do get support, they may be encouraged to go to school by a grandparent or mother or father, but this can still be fractured by domestic violence, serious health problems, deafness, and the belief that attending to community norms is more important than achievement as an individual.

Despite these difficulties, all around Australia, many young Aborigines are taking advantage of the many financial incentives to be educated and enter trades and professions.

The quality and enthusiasm of the Aboriginal health workers I have met is extremely high. But the awesome isolation, the sheer remoteness of many of these communities makes reliable work for most young people and access to services which we take for granted, difficult to obtain. Utopia is great for Art and is some ways, a very traditional lifestyle (though not hunter gathering any more) with the older people rich in language and bush hunting skills but despite some studies showing otherwise, the social and health profile of the area is truly appalling despite the tremendous efforts and commitment of the health staff.

The quality and enthusiasm of the Aboriginal health workers I have met is extremely high. But the awesome isolation, the sheer remoteness of many of these communities makes reliable work for most young people and access to services which we take for granted, difficult to obtain.

We have also worked with Central Australian Health Service (CAHS) using RAHC as the organisers for the interstate travel and accounting procedures. CAHS provides doctors to remote communities on a rotating basis, so there is a lot of driving and air travel. Based on my experience, I would suggest having some Pink Floyd CDs and good sunglasses for the drives. When flying always have access to some noise cancelling headphones.



My impression is that, the places with the best health profiles, are those where the mastery of English is good, there is access to better food, where the majority of men have jobs, where the number of Aboriginal Health Workers is greater, where there is no alcohol allowed or at least strictly controlled, where the elders are healthy and respected, and where basic hygiene is possible due to working, installed bathrooms and toilets. There is ample evidence that Aboriginal people can see what the problems are and what to do but some infrastructure is beyond what they, as communities, can provide.

I have not talked about the spiritually inspiring Elders, our incredible experiences of nature, wild thunderstorms lighting up the skies, the meetings with wild animals, caring for an injured falcon, the photography of delicate native flowers, me playing Villa Lobos Preludes over grasslands of spinifex, a brilliant moon outshining all the stars in the sky, the wonderful relationships with other health workers and the

Above: Sign at Daly Waters.

many terrific, hardworking, talented Aboriginal people I have met and worked with. And it is all these latter aspects which make working in Central Australia so rewarding. We do help people here in Central Australia but the solutions to the fundamental determining forces that shape their lives and lead to poor health, are largely out of any doctor's hands.

There is so much more to learn and talk about. The work is very interesting and challenging, with many opportunities to expand your medical knowledge into third world diseases; including, Rheumatic Fever, HTLV, Melioidosis, severe renal and endocrine disease especially Diabetes. The RAHC team keeps in touch during all of the placements; it is an organisation which fosters a supportive and interested relationship with all the Health Professionals fortunate enough to work with them in the NT. ●

new 4WD ambulances bound for SA outback clinics



Friday 9 December 2016

Three new custom-built 4WD ambulances are being put into service by the Royal Flying Doctor Service (RFDS) to enhance its on-the-ground emergency care and capability at its three remote health clinics in outback South Australia.

The converted Toyota Troop Carriers, painted in red/blue livery matching the RFDS' aeromedical aircraft, have improved safety features for remote operations and equipment interchangeable with SA Ambulance Service (SAAS) road ambulances and RFDS aircraft.

The 4WD emergency ambulances will be operational at the RFDS-operated Health

Services in Marree, Andamooka and Marla by Christmas.

RFDS Central Operations Chief Operating Officer, Tony Vaughan, said the modern ambulances were a significant investment by the RFDS into patient comfort and care, and in the safety of RFDS Remote Area Nurses (RAN) based at its outback health clinics.

"In addition to the modern medical fitout, these ambulances are fitted with the latest GPS tracking locators, communications equipment and safety features which add to the protection of staff and patients," Mr Vaughan says.

At a cost of \$140,000 each, funded by donations from the community, the

emergency ambulances were medically-equipped to RFDS specification by Mader International in Tasmania, including an additional side door to allow easy access to care for patients.

Other features include spotlights, bull bar, winch, LED emergency lights and siren, dual diesel fuel tanks and dual batteries. Additional technical and safety features include:

- UHF and HF radios
- GRN radio – same as SAAS
- satellite phones which can be carried independently away from the vehicle
- two personal EPIRB emergency locator beacons.

SA Health Minister Jack Snelling congratulated RFDS Central Operations on its continued leadership and investment in the delivery of contemporary and quality services for people living and working in outback communities.

"The new 4WD ambulances will add to the capacity for the RFDS to provide emergency services to outback residents while providing RANs with the security of state-of-the-art safety and communications equipment," Mr Snelling says.

"The RFDS is a key partner in our State's best practice model for emergency retrieval and inter-hospital patient transfer services that delivers the right people with the right skill-set to the right patients at the right time.



"We look forward to a further strengthening of that partnership with the RFDS' delivery of emergency and primary health care to rural and remote South Australians."

Mr Vaughan said there were plans to issue RFDS RANs at the remote health clinics with personal GPS monitors they can carry with them at all times while working.

Each RFDS Health Service is staffed by two RANs and provides primary health care, ambulance service, home visits and hosts RFDS fly-in GP and primary health care clinic visits.

"Our RANs are required to log all callouts with our Operational Communications Centre (OCC) at our Port Augusta Base and to take a fellow staff member or community member with them on late night or remote callouts," Mr Vaughan says.

"This new equipment in addition to the ambulances will ensure our RANs can be remain in touch with OCC and be safely monitored as to their whereabouts if they are on a remote callout."

RFDS Central Operations took over the operation of the Marla and Andamooka Health Services from Frontier Services at the beginning of 2016 and operate the clinics on behalf of Country Health SA. ●



Royal Flying Doctor Service
CENTRAL OPERATIONS

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quiet achiever



Cherisse Buzzacott, a Registered Midwife working in Alice Springs in the Northern Territory, says she didn't have a goal in mind to be an inspiration. "I just want to do the job I love, but if I inspire more Aboriginal people to become midwives then that is a bonus for my profession and the women for whom we care."

I am an Arrernte woman, born and raised here in Alice Springs. It was my connection to

this country that drew me back to this place after Victoria.

I work in the Maternity Ward of the Alice Springs Hospital in the areas of birth, antenatal and postnatal. It is a small but busy unit, providing a service for women from the local area and an extensive area of remote communities. A small part of my role is working with a team of midwives running antenatal clinics at the hospital for Aboriginal and non-Aboriginal women from remote communities.

Being a local and being Aboriginal, I am enjoying working in Alice Springs as I know the women and their families are benefiting from my care. I am also lucky to work within an experienced and supportive team of midwives...

At the present time we travel to Yuendumu, Ampilatwatja, Titjikala and Kintore to meet with women in their own community before we see them in hospital before they have their babies.

This provides some continuity for women who have never been in hospital and are worried about what they might encounter.


In recent years I have received recognition from the Australian Catholic University and the Northern Territory Young Achiever's Awards. I have also featured on ABC's One Plus One in 2015, discussing my experience growing up in Alice Springs and how I came to be a midwife.

My greatest personal achievement was completing the hardest year of my working life, my graduate year, so it feels amazing to be recognised as I advance in my career.

Being a local and being Aboriginal, I am enjoying working in Alice Springs as I know the women and their families are benefiting from my care.

I am also lucky to work within an experienced and supportive team of midwives in the Alice Springs Hospital Maternity Ward, who have a lot of passion for the community.

We are all working towards improving the pregnancy and birth experiences of all women that walk through our doors. ●



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


Transition from RN to Remote Area Nurse 2017

ABOUT THE SHORT COURSE

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



To be held
Darwin, Monday 8th May – Friday 19th May 2017
Alice Springs, Monday 19th June – Friday 30th June 2017

Cost: \$2,000



* To satisfy all the requirements of the program, participants will be required to complete Pharmacotherapeutics for RANS (online) and the CRANaplus Remote Emergency Care (REC) course.
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PO Box 4066 Alice Springs NT 0871 P: +61 8 8951 4700 **F:** +61 8 8951 4777

the kiwis are coming!

One New Zealand midwife's experience working in Australia.

Gian Fairbairn has been working in Australia on and off since the early 1990's, most recently finishing a midwifery placement in Toowoomba, Southern Queensland with YNA (Your Nursing Agency) in January 2017. As Gian flew back to New Zealand, we asked her to think about what keeps her coming back to work in Australia.

Gian trained as a comprehensive registered nurse at the Auckland Institute of Technology, graduating in 1988 and initially working at Carrington Hospital as a mental health nurse. After a few years of that, Gian decided to try working in Australia, at first visiting Sydney, working in Paddington in the neonatal unit. It was there that Gian realised what she wanted to do.

"I realised there was something very special about a mother's relationship with her baby and decided to train to be a midwife," said Gian. "I began to think about what it is to be a woman in this world and realised I had never really felt completely happy as a nurse. My Dad was a Charge Nurse in Forensic Psychiatry and wanted all seven of his children to be mental health nurses!"

Gian says her experience transitioning from nursing to midwifery is far from unique. "Interestingly enough, a lot of midwives of my generation say that did midwifery because they didn't want to be a nurse! Though some say they did midwifery so they could travel to other countries more easily and get work."

With over 30 years' combined nursing and midwifery experience, Gian knows herself and her routine well, whether she is working in a large city or a small town. An avid cellist, on her days off Gian enjoys practising cello, looking at art, cycling and swimming and cooking. "I think of cooking as a 'form of love'," Gian tells us.

Gian also gets involved in the communities she visits. One highlight of her time here was joining and performing with the Toowoomba orchestra, accompanying folk band The Whitlams during the famous Toowoomba Carnival of Flowers.

Gian knows she'll be back in Australia soon. "I want to keep working in Australia on contracts for the next five to ten years as it is such a great opportunity to explore Australia. I love to meet new people from all walks of life and to be kind, compassionate and empower them to feel capable. No amount of money would compensate for the 'feel-good' factor that you get from doing this job!"

"...No amount of money would compensate for the 'feel-good' factor that you get from doing this job!"

Gian's advice to her fellow Kiwi nurses and midwives is simple. "I encourage anyone thinking of working in Australia to give it a go! I've experienced friendly acceptance from the midwives I've worked with and am very grateful for the opportunities I've had to work in Australia." ●



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reality for rural GP

Anthea Gibbons, a Year 1 Medicine student at the University of Queensland – St Lucia, became aware of the vast scope of the role of a rural GP during her one month's placement at the Blackbutt Medical Centre, a vibrant and busy two-doctor practice about two hours northwest of Brisbane.

On face value, Blackbutt appears to be a single strip of buildings punctuating the D'Aguilar Highway; a closer look reveals an extremely tightly-knit community with the medical practice forming a core hub.

My month-long placement under the guidance of Dr Daphene Connor and Dr Yonghong Zhou, highlighted the incredibly important role of the rural GP in supporting community engagement in health and wellbeing. By the way Blackbutt also has an award-winning bakery (delicious)!

From the start, I became a valued part of the patients' medical experience, and the first day at the medical centre began with a flurry of activity. Within 30 minutes, I had removed sutures and performed an immunisation after seeing one demonstrated.

During the month, I learned to dress wounds; perform health assessments, driver's licence medicals and pre-employment medicals; took

countless blood pressures and ECGs; and even had the opportunity to perform shave biopsies of skin lesions, assist in skin excisions and try my hand at a few sutures.

As the month progressed, I was able to sit in on patient consultations, allowing me to develop my communication and clinical reasoning and gain a real understanding of how a patient's complaint is actually transformed into a diagnosis and treatment.

The intricacies of patient management that deviate so significantly from the clear-cut textbook cases presented in medical school teaching was a particularly revealing and valuable experience.

It was eye-opening how many interacting factors complicate management: from considerable co-morbidities shrouding the diagnosis to financial burden curtailing critical investigations, and extreme non-compliance or drug reactions impeding treatment. Distance was a particular factor in Blackbutt's ageing population.

Could a certain problem be managed in the surgery or did the patient absolutely need to be referred further away? Was a certain investigation or referral requiring travel actually necessary, or could alternate plans be made given the patient's functional status?

This emphasised to me the crucial advocacy role of the rural GP, working with patients to determine what course of action is best for their health as a whole.

It was eye-opening how many interacting factors complicate management...

Continuity of care struck me as a core tenet of the medical centre where you both counsel patients and coordinate care: roles that would likely be fragmented between specialists in city practice.

Learning these medical skills formed only part of my rural experience, and it was the community of Blackbutt who enhanced it beyond just medicine.

Everyone was warm and glad to share their stories and I grew to know what was important for them and engage in the community values.

Living in a homestay, I got to meet our hosts' friends and family and participate in the sacred Thursday activity of 6-hole golf.

I would like to thank CRANaplus for this Undergraduate Placement Scholarship. Overall, my rural experience in Blackbutt was amazing and I look forward to hopefully returning one day. ●



above and beyond

Gabby Tentye, external nursing student at Charles Darwin University, had the chance to return to her hometown of Mount Gambier in South Australia for her final placement.

"I walked in to the placement scared and I came out with newfound knowledge about many things," she said. "It was perfect, just what I needed before finishing my degree."

Mount Gambier is a small country town roughly 450km south of Adelaide. As I was born here it was great to go back to my hometown for this



experience and to be able to work in a field I am so passionate about. I participated in a six-week block placement: two weeks of mental health and four weeks of community health.

The two weeks in mental health was fascinating, as I was coming to the end of my degree, and I had not yet had experience in this field. The Mental Health ward in the Mount Gambier hospital is fairly new, so being able to experience a new environment was also another learning experience. With the preceptor's supervision, I was able to work directly with the patients and increase my knowledge and experience with mentally ill patients.

The opportunities I was involved in for such a short time was fascinating. Being able to go with the community health nurses to home visits was something I found most beneficial. It was incredible what I took away from this experience and it was amazing how my passion for mental health grew from this point.

I was working with some of the most amazing nurses I have ever come across...

My final four weeks as a student nurse, working in the community health sector in Mount Gambier, was the best placement I had had so far and what a way to end my degree.

I entered this placement nervous, worried and I feared I knew nothing in regards to wounds and burns. Luckily I was working with some of the most amazing nurses I have ever come across. These nurses went above and beyond to help my studies and my knowledge. They were understanding, kind, full of experience, funny and they really were the most passionate people I have come across during my study.

It was brilliant to be able to work with these ladies and learn from them, whether it was patients who came into the centre or being able to go to home visits and work with patients who were unable to come into the centre. ●

lessons learned

Melissa Mellan, soon to graduate as a Registered Nurse, reflects here on lessons learned during her various student clinical placements in rural and remote areas of Western Australia.

Having medical professionals present to give advice and support can be taken for granted in metropolitan hospitals. In many rural and remote locations, the reality is that any support and advice is through the Emergency Telehealth Service (ETS).

Nurses choosing to work in remote locations need a lot of experience, skill and confidence to be able to operate nursing posts. My placements certainly made me realise that I need to get a lot of experience and training in emergency before attempting to work in these isolated locations. But I am patient.

I am from a country background and didn't find the country confronting, but I feel that this may be part of the reason why country towns struggle to attract and retain health professionals. For city professionals who have never been exposed to the country way of life, I believe a rural experience would be so invaluable, providing exposure to such different scenarios. On my placements, I was always being guided and kept under the watchful eye of my mentors. The senior nurses taught me to think about every step that I was about to take. They also impressed on me the importance of understanding my scope of practice and to have full knowledge of the health facilities policy and procedures.

It was good to learn how the Royal Flying Doctor Service is used and to learn what Outreach Medical Services are about and how this provides access for patients to medical professionals. I was also fortunate to learn new communication techniques with local aboriginal people and their different cultures, and to learn a lot around alcohol, drugs and mental health.



I noted how many senior nurses are open to learning the updated techniques from graduates, but I also noted how many are not. However, I had opportunities to learn new skills when resources are limited, so I certainly appreciate the benefits of having many years of experience.

What I found to be beautiful was how smaller towns can have such a wonderful community spirit. I am grateful that I got to observe how people come together to help one another out in unfortunate times. This is something that I hope all students get to experience.

The main lesson that I take away is the impact of positive clinical experiences on a nursing student's confidence. On my placements, I was fortunate to be included in the team dynamics and had very influential and encouraging mentors. They were great people: highly-educated, professional, willing to share skills, full of guidance and willing to take me under their wing.

Finally, and most importantly I would like to thank CRANaplus and Zeitz Enterprises for this Scholarship. My clinical experiences highlighted the fact that I have chosen the right path. I cannot wait to graduate! ●

unforgettable experience

Katie Conway, reckons her final nursing practicum placement at the Kununurra District Hospital, a three-and-a-half-hour flight north from Perth in Western Australia, "rose above any other placement I have had." She describes her experience here.

A 40-degree heat greeted me on arrival as I anxiously stepped out of the plane. Kununurra was to be my home for the coming six weeks. It felt amazing, as I'd just left a cold, wet and windy Perth behind.

My stomach churned with nerves as I scrambled out of the car at the nursing quarters. However, my feelings were soon assuaged when I was greeted by other cheerful, kind and relaxed students who were also staying there.

That evening we watched an amazing sunset at Kelly's Knob; a hill that burns the legs but rewards the soul with an incredible view.

The students showed me around the town and I had already started to fall in love with this place. The warm and friendly people make it a welcoming, relaxed and community town.

I loved every moment of my time in the hospital. I have never experienced such helpful staff members and a hospital that works within a team so well. It was also a team which had formed a community and kindly included me in activities outside the hospital.

This placement offered unique experiences and exposure to a variety of areas. Fortunately, I had time in the general ward which was completely different to any other hospital I have experienced.

Medical, surgical, maternity and paediatrics were all placed in the one ward, so I had the opportunity to advance and practice skills with a variety of patients. I was also lucky enough to practice in the emergency department for two weeks; to watch and nurse in theatre, including

a caesarian section, a highlight for me. I also had the chance to go with the mental health nurse out into the communities.

The poor health status of Indigenous people and their living conditions contribute to a wide presentation of illnesses I have never seen before. These were all eye-opening experiences; things that I could not imagine could occur.

One issue that will stick with me for life is the multiple number of teenagers and young people presenting with suicide attempts. Alcohol typically fueled this issue; but I have learnt this population is disadvantaged and the life they live is heartbreaking.

The things I have seen have made me grow up and develop a thorough understanding of Indigenous health.

On the weekends I was lucky enough to explore the natural beauty of this region with other students or staff from the hospital. I visited El Questro including Emma Gorge, one of my favourite places: a massive swimming hole with

a running waterfall. Another highlight was camping on an island at Lake Argyle where we watched crocodiles, wakeboarded, and visited Jump Rock. I was amazed with how much there is to see and do; the opposite to what I had thought!

On the weekends I was lucky enough to explore the natural beauty of this region with other students or staff from the hospital.

This was an unforgettable experience; I have never learnt so much and become competent in such a variety of skills on a practicum before.

I have made some incredible friends and seen some unforgettable places; an amazing experience I would recommend to any future students.

Thanks to CRANApplus for helping to finance this trip and making this experience possible. ●



an eye opener

On the 900km, 10-hour drive from Perth to Carnarvon in Western Australia for a rural placement, Edith Cowan University – Joondalup Nursing Student Steve Arnold, reflected on how far rural Australia is from the industrial city of Manchester in England where he was born and raised, and the contrast with his previous profession in refrigeration and air conditioning.

Arriving at the Carnarvon hospital, I wasn't sure what to expect. My experience with practical placements so far had been exclusively at very large Perth hospitals. But the patients and staff at Carnarvon were quick to make me feel welcome.

I soon felt part of the team and community and I soon learned that this placement was giving me the opportunity to practice in a wider variety of settings than if I had done the usual placement in a city hospital.

I was able to spend time in Emergency, the general ward and theatre, allowing me to sample the many sides of nursing and to see medical issues I had not come across in a metropolitan hospital.

This included snake bites, drug use, including meth abuse, and suicide attempts. Through this experience I became aware of the impact such issues have on rural communities, the limited budget for services, and the distance issues from being so far away from primary care. Thank goodness for the Royal Flying Doctor Service!

The highlight of my placement was joining the medical team on its fortnightly visit to a small indigenous community, an 80-minute flight from Carnarvon. Here I met an amazingly resilient rural nurse caring for the transient population of around 200.

I was impressed with the fantastic relationship the rural nurse had with the local community.

The main memory I take from my placement is the sense of community I felt within the Carnarvon hospital and staff. Every person I talked to had the belief that they were making a difference to the local community...

On this visit, the medical team and I gave out flu jabs and treated small ailments to the constant flow of patients, who were most often followed by a small loyal dog.

It seemed every patient had diabetes, even though there was a lack of fast food or takeaways, not even a community store. It seems like the burden of diabetes is not just a city problem: the lack of access to a healthy diet spreads far and wide and into these communities.

Between vaccinations and attending to dressings, I was shown around the community, dodging a multitude of dogs, as we snaked our way around the neglected homes of the residents, each one having the obligatory car on bricks in the front yard. I noticed in particular the school with closed swimming pool and passed the nice shiny police station.

The main memory I take from my placement is the sense of community I felt within the Carnarvon hospital and staff.

Every person I talked to had the belief that they were making a difference to the local community and were trying to help those who, for whatever reason, didn't feel supported.

I was also aware that every member of the multidisciplinary team worked together as a whole: the hierarchy prevalent in large city hospitals was not as obvious at a rural hospital.

It was a wonderful placement and trip. I would strongly recommend my fellow students considering rural employment to embrace this opportunity.

I am thankful to CRANaplus and the Colleen Van Onselen Memorial Scholarship, and that I was chosen, this experience has certainly opened my eyes to the amazing roles our rural nurses and medical teams play. ●



Photo: Ben Teo

a passion for education

For Jennifer Turner, a 3rd year nursing student at Deakin University (Warrnambool campus), her final year clinical nursing placement on Thursday Island in Far North Queensland, has cemented her desire to become a renal dialysis nurse.

Originally from Brisbane, I first set foot on a remote Aboriginal community in 2010 to deliver Language, Literacy and Numeracy programs to community members and three years later I had the privilege to work with Aboriginal Health Practitioners (AHPs) in the Top End and Victoria Daly regions of the Northern Territory. It was seeing the wonderful work and witnessing some of the barriers that the Aboriginal Health Practitioners face that led me, at the age of 49, to embark on a journey that would eventually lead me to become a Registered Nurse.

Coming from a training and education background, my ambition is to pursue a career in Aboriginal Health. I also want to encourage fellow Aboriginal people to have the confidence to have a go and to be the best that they can be.

Coming from a training and education background, my ambition is to pursue a career in Aboriginal Health. I also want to encourage fellow Aboriginal people to have the confidence to have a go and to be the best that they can be.

Although Torres Strait Islander culture and Aboriginal cultures are very different, I observed many parallels in relation to their health outcomes on Thursday Island where diabetes, chronic kidney disease and cardiac issues are prevalent.

I lost a brother-in-law to renal failure many years ago and, as an Aboriginal person, it was the first time in my life that I had felt the ripple effect that chronic kidney disease has, not only on the patients, but their families too. In later years I moved to Katherine in the Northern Territory, it was then that I realised the full extent of the consequences of alcoholism among indigenous people and the myriad of issues that accompany it. I am passionate about educating Aboriginal

people in relation to chronic diseases, especially kidney disease/renal failure and its prevention.

Thursday Island was a very interesting placement and I would definitely recommend that other nursing students consider a remote placement at the hospital on Waiben (the native name for Thursday Island).

I was able to practice skills learnt at university, which I hadn't experienced in the major city hospitals down south. In my time in the emergency department at the Thursday Island hospital, I saw an infected 'sting-ray bite' and an

elderly seaman who was found alone out on the open sea had suffered a large loss of blood from an injury inflicted by a marlin fish. One patient arrived on Thursday Island in a long boat from Papua New Guinea. We saw many patients from PNG who did not speak English very well at all.

I would like to thank CRANaplus for this Undergraduate Placement Scholarship.

While I am committed to improving health outcomes for all Australians, my passion is to work among my own people to help do my bit to 'close the gap'. ●



Photo: Nancy Weatherford



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



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



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



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



KAMS (Kimberley Aboriginal Health Service) is a regional Aboriginal Community Controlled Health Service (ACCHS), providing a collective voice for a network of member ACCHS from towns and remote communities across the Kimberley region of Western Australia.



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



Marthakal Homelands Health Service (MHHS), based on Elcho Island in Galiwinku, was established in 2001 after Traditional Owners, lobbied the government. MHHS is a mobile service that covers 15,000 km² in remote East Arnhem Land. 08 8970 5571 <http://www.marthakal.org.au/homelands-health-service>



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).



Ngaanyatjarra Health Service (NHS), formed in 1985, is a community-controlled health service that provides professional and culturally appropriate healthcare to the Ngaanyatjarra people in Western Australia.



North and West Remote Health (NWRH) is a vibrant, not-for-profit company employing multidisciplinary teams to provide health, support, aged care and wellbeing services in remote Queensland and Northern Australia. A pioneer in the provision of outreach health service since 2001, NWRH currently services over 39 communities, spanning from Queensland's East Coast to the Northern Territory border.



Northern Territory PHN (NTPHN) leads the development and coordination of an equitable, comprehensive primary health care system and an engaged health workforce driven by community need.



The **Nurses' Memorial Foundation of SA Inc** has its beginnings in one of the world's first official Registration bodies for Nurses; The British Nurses' Association established in London in 1887. <http://www.nmfsa.net/>



One Disease is a privately funded non-profit organisation that has a simple but ground-breaking vision: to systematically target and eliminate one disease at a time.

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On Island Health Service Accreditation and Nursing provides recruitment and accreditation services to assist remote, usually island-based, health services. The experienced and qualified Remote Area Nurses working with On Island can hit the ground running in any remote setting. Ph: 0459 518 280/ (08) 86261807 Email: rebecca@onisland.com.au <https://www.facebook.com/On-Island-Health-Service-Accreditation-and-Nursing-Pty-Ltd-368633760011342/>



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.



At **RNS Nursing**, we focus on employing and supplying quality nursing staff, compliant to industry and our clients' requirements, throughout QLD, NSW and the Northern Territory. Ph: 1300 761 351 Email: ruralnursing@rnsnursing.com.au <http://www.rnsnursing.com.au>



The **Royal Flying Doctor Service** Central Operation provides 24-hour emergency aeromedical and essential primary healthcare services to those who live, work and travel in rural and remote South Australia and the Northern Territory.



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.



Rural Health West is a not-for-profit organisation that focuses on ensuring the rural communities of Western Australia have access to high quality primary health care services working collaboratively with many agencies across Western Australia and nationally to support rural health professionals.



Rural Locum Assistance Programme (Rural LAP) combines the Nursing and Allied Health Rural Locum Scheme (NAHRLS), the Rural Obstetric and Anaesthetic Locum Scheme (ROALS) and the Rural Locum Education Assistance Programme (Rural LEAP). Ph: (02) 6203 9580 Email: enquiries@rurallap.com.au <http://www.rurallap.com.au/>



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



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



The **Torres and Cape Hospital and Health Service** provides health care to a population of approximately 24,000 people and 66% of our clients identify as Aboriginal and/or Torres Strait Islander. We have 31 primary health care centres, two hospitals and two multi-purpose facilities including outreach services. We always strive for excellence in health care delivery.



Your Nursing Agency (YNA) are a leading Australian owned and managed nursing agency, providing staff to sites across rural and remote areas and in capital cities. Please visit www.yna.com.au for more information.



"Making our families well" Faced with the prospect of their family members being forced to move away from country to seek treatment for End Stage Renal Failure, Pintupi people formed the **Western Desert Dialysis Appeal**. Their aim was to support renal patients and their families and return them to their country and families where they belong.

support

from little things big things grow

One of the things I will always remember about the 2016 CRANaplus Conference was the speech by Bob Brown. Apart from my own reaction to his presentation, I was very impressed by the emotional response of the audience, who, of course, were largely made up of health workers.

Where I was sitting, there didn't appear to be a dry eye. His words clearly touched a deep place in many people. The passion with which he spoke about the Tarkin and whaling hit on a deeper more fundamental understanding for many in the audience – that health is a system that cannot be considered separately from the earth. That is, healthy people cannot exist in unhealthy ecosystems.

This view is one that Western science has been slow to adopt with its reliance on diagnosis and prescription on the individual parts.

One of the core themes in looking at stress in health workers appears to be the experience of being increasingly expected to deliver services like robots. Many health workers report the language of health is increasingly alarming with its emphasis on cost-effectiveness, efficiency, measurable outcomes, databases and data collection. In automation there is a move away from interpersonal connection and that creates the essential ingredients for mental and physical ill-health – loneliness and emptiness.

I think why Bob Brown's speech touched so many of us in the health industry was because he challenged that sort of reality. We are not machines. We feel and we think. What happens to whales is important.

The task at hand then is to find the humanity in an increasingly automated health workplace and to find a way of working that pays attention to the whole person, including ourselves. Bob Brown challenged us to ask different questions.



He shifted the focus from "What do I want and how do I get it?" to "What can I do to make the world a better place and what strengths and skills do I bring?"

Workplaces are the ideal setting to start to bring about transformation.

Warm, supportive and caring relationships are the cornerstone of happiness and psychological resilience. We have the choice every day in all our relationships to be kind and compassionate or not. Seeing your colleagues as important as your immediate family and circle of friends allows the opportunity to care for each other and to practice cooperation rather than competition.

We have the choice every day in all our relationships to be kind and compassionate or not.

It's easy to become overwhelmed when we think of the state of the world. But an important part of coping is remembering that from little things, big things grow. Changing workplace culture starts with each and every one of us. Let your colleagues know you are grateful for what they do. Tell them what you have learnt from them and let them take the lead at times in discussions and decision-making. These small acts of kindness have a ripple effect and reinstate the humanity into our lives.

Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●



health for all in the workplace – what value?

Health professionals, like all other employees have a right to be safe and protected whilst at work. Despite zero tolerance and raised awareness Workplace Bullying and Harassment continues to be an intractable problem in the Rural and Remote Health context.

It is estimated that most working in this context have either experienced bullying or have been a bystander to seeing this play out with their colleagues. Unfortunately, some may even have found themselves placed in a position where they have bullied others in order to meet a deadline/KPI/or to carry out orders from above.

The current financial climate means that we are increasingly pressured to do more with less creating a range of stress which can, and does, enable us to behave badly.

Additionally, whilst not condoned, the issue of incivility has crept into the range of normal behaviour in the workplace. Incivility has been described as rude or discourteous acts, impolite or violating norms of workplace behaviour.

Some examples include – treating a subordinate as a child, berating a co-worker, making unfounded accusations, excluding co-workers or team members, texting during a presentation and gossiping.

Many remote health professionals would be familiar with Reflective Practice as a tool to evaluate what is working and to evolve what does not. This practice takes time and commitment and is incredibly helpful in being able to go over situations or interactions with colleagues that did not go well.

Taking the 'birds eye view', offered by Reflective Practice, often enables us to see how better outcomes for all could be attained.

All health organisations have a set of values or ethics that they espouse. However, these ethics can be seen to relate more to how we treat patients and are perhaps not seen as equally important in how we treat our colleagues.

Having a clearly defined set of personal values gives us the moral compass in which to navigate the treacherous waters of the workplace. Research shows that the closer aligned we are to our values the more contented and satisfied we are in our lives.

If we can reflect regularly on how our behaviours match our values this enables us to make slight adjustments that improve the quality of our interactions, relationships and our wellbeing.

All health organisations have a set of values or ethics that they espouse. However, these ethics can be seen to relate more to how we treat patients and are perhaps not seen as equally important in how we treat our colleagues.

All these suggestions require a certain state of Mindfulness – fully paying attention in each moment to what is going on around us.

Noticing our own self talk and not buying into it – having a sense of self awareness that enables riding the waves of busyness, stress and pressure to keep ourselves intact and aligned with what we value most.


We can make a difference to the healthiness of our work environments if we take some time to practise Mindfulness, be reflective, make sure we are being civil and respectful and live our lives as closely aligned with our values as we can.

As with many 'big' problems we can all play an important role in reducing the distress in our own workplaces by shifting our stance on the tolerance of incivility and bullying with the payoff that we will feel more satisfied and content within ourselves. Remember also that witnessing and doing nothing is what enables the behaviour

to continue and it often ends up costing us personally in our own health and wellbeing.

CRANaplus Bush Support Services are hosting the Collaborative, Engaged & Connected Workplace Symposium – Addressing the wicked problem of Workplace Conflict which will be held in Darwin from 25–26 May. If you wish to express your interest in attending please refer to the advertisement below. Numbers are limited.

**Therese Forbes
Psychologist
CRANaplus Bush Support Services ●**



CRANaplus
collaborative,
engaging &
connected workplaces:
a symposium looking at the
wicked problem of workplace conflict

CRANaplus will be hosting a symposium from 25–26 May 2017 on Collaborative, Engaging & Connected Workplaces (CECW). The Symposium is aimed at addressing issues that create toxic workplaces. We are calling for expressions of interest from middle to senior management and human resource professionals in the remote health sector who deal with bullying, workplace conflict and harassment on a regular basis.

The CECW Symposium will focus on highlighting the psychological importance of healthy workplaces. It will explore the specific context of remote health and draw on the combined expertise of the participants. It will explore ways that leaders in remote health utilise evidence-based measures to further prevent and manage conflict, in order to maintain and create safe, productive and sustainable workplaces.

If you feel you would like to participate in this exciting two-day event. Please contact: Colleen, Director of CRANaplus Bush Support Services email: colleen@crana.org.au mobile: 0448 011 956

gardening for wellbeing

I go to nature to be soothed and healed, and to have my senses put in tune once more.

John Burroughs (1837–1921)
American naturalist and writer

Gardening is good for the soul! The act of messing around with plants has restorative benefits and helps us to regain our balance and well being. There is more to growing plants than producing food for the table or flowers for a vase, important though these may be. It is refreshing to the soul to grow plants. It helps us to feel good to be around plants and to engage in helping them to take root and grow.

And why is that? All sorts of reasons have been put forward: It's a meditative practice; it's gentle exercise; it's fun; or it allows us to be nurturing and to connect with life on a basic and fundamental level. But there is scientific research which helps to explain why gardening helps us to feel more positive.

In this article we'll first explore the health benefits of gardening as supported by recent scientific research, and then we'll consider how we can expand the scope of our garden designs to derive maximum health benefits from our gardens.

Recent research has added further information about this connectivity with nature: It's in the dirt. Or to be a little more specific, a strain of bacterium in soil, *Mycobacterium vaccae*, has been found to trigger the release of serotonin, the 'feel good' hormone, and decreases anxiety. As well, this little bacterium has been found to improve cognitive function and possibly even treat cancer and other diseases. This means that contact with soil, through gardening or other means, is beneficial. (Lowry, 2007; Jenks and Matthews, 2010).

When we exercise serum levels of serotonin and dopamine (hormones that make us feel good) rise and the level of cortisol (a hormone associated with stress), is lowered. It's true that a session in the garden can leave you feeling physically exhausted, but it can also get rid of excess energy so you sleep better and ultimately feel renewed inside.

Another study (Van Den Berg 2011) found that after working on a stressful task, participants who then worked in a garden allotment for only 30 minutes had lowered stress levels! The stress was measured in the serum levels of cortisol, and was found to be significantly reduced after just half an hour of working in the garden allotments. We can probably all benefit from more of this!

Tending plants helps us to relax and to let go of those issues or problems which weigh us down. While focussing on the plant and its needs we can release worries and tensions, and relax. There is a peaceful aspect to the activity which allows us to escape from the everyday pressures of life and work. Psychoanalyst Sigmund Freud said "Flowers are restful to look at. They have no emotions or conflict". Tending to plants allows us to tap into the carefree part of ourselves with no deadlines, bills or annoying colleagues to worry about.

Gardening promotes physical health, mental health through relaxation and satisfaction, and (it goes without saying), better nutrition if we grow fresh vegetables or herbs. In particular, gardening has a positive effect on our overall mental health. The many well-researched and documented health benefits of gardening are the very reasons why we should be doing any kind of gardening.

Looking after plants gives us a sense of achievement, of producing something tangible and rewarding. So often the very nature of our work as professionals does not produce visible results. We can work with patients or clients without any sign of improvement or an outcome which we can point to and say "here is the fruit of my labour".



Shifting paperwork from a desk can also feel frustrating as there is little to show for the time spent. Although we know our work is valuable there may be little or no evidence of our efforts. Gardening is different! It produces a tangible result – provided we water and tend the plants!

Growing living things allows us to be nurturers and to be able to contribute to such a transformative activity can help boost self-esteem. It is not necessary to work with demanding or exotic plants; there is such a wide range of robust and vigorous plant options to choose from and which are almost guaranteed to survive and thrive.

There is a future orientated aspect to gardening, as an act of faith that there will be growth, blooms or fruit. When so much of our work is in the demands of the stressful immediate, it can be a positive change to play around with soil, seeds and seedlings, and reap the rewards of your efforts. Those in previous generations who planted oak trees knew they would never see the final towering tree, but they knew their act of placing that acorn in the soil would one day shelter future generations. This altruistic act is so very satisfying.

Often, working in a remote community places restrictions on our gardens, as there is either limited space or an inability to take plants with you when you leave. A small, portable garden is easier to gift to a lucky recipient or take with you when you leave.

Such a wide range of plants can thrive in pots or planters on a balcony, a verandah, or on a floor inside a building and near a window. It is possible to create a garden just about anywhere as long as you have pots, soil and water.

Ideas to consider for effective small area planting:

- Think about the level of light available, as this will help determine which plants are suitable.
- Play with perspective. Tiered planting, with the tallest at the back, down to the smallest and ground cover next to a path or small area, increases the depth perception.
- Read the plant labels. Make sure the young plants you choose now, aren't going to outgrow your garden once they mature.
- Use old saucers, pans, wheelbarrows or even muffin pans for smaller plants such as herbs.

It is clear that our relationship with plants and Nature itself allows us to gain more benefits than we may previously have thought possible. Whether we live in a city apartment, an urban block or in a remote community, we can create and enjoy gardens by thinking creatively. A garden can be created in any location, as long as there is access to soil and natural light.

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Christine Martins
Psychologist
CRANplus Bush Support Services ●

educate

a chance to learn as well as teach

Working within the team of CRANaplus facilitators is a marvellous chance to learn as well as teach, says Registered Nurse and midwife Louise Vuillermin, who has been involved in around 10 MEC and MIDUS courses around the country over the past three years.

"It forces you to keep your skills up," she says. "You may get a question you have to research or investigate and this ensures your knowledge is current. I find, each time, that I learn something from the group – and you also realise you do know a lot.

"Apart from that, you get to go to really cool places and you meet really cool people."

Louise has worked in various positions over the 30 years since she qualified in nursing and midwifery, including in critical care, emergency and in management roles, using her Masters in Business Administration.

She has had wide and varied midwifery and nursing experience around the world including with the Inuit people at the North Pole, in Sudan for the International Committee of the Red Cross and in various rural and remote areas of Australia.

Louise has just completed two years in the APY Lands in South Australia, and has taken up the position of Executive Director of Clinical Services at Bass Coast Hospital, Region Health, Wonthaggi, in South Gippsland.

Working in a remote Australian community may not be the fastest route to promotion, says Louise, but she reckons it's an invaluable experience for health professionals.

"I personally think it is an incredible experience," she says. "You get a really good look at the country, experience with Aboriginal Health, and it forces you to become very resourceful."



Above, left to right: Leanne Walters, Glenda Gleeson, Louise Vuillermin (seated) and Judy Stacey at the Warakurna MEC.

Louise, who is also a farmer when she gets time, says the remote experience is extremely useful in the role of facilitator with CRANaplus, giving you credibility and areas in common with the participants. ●

Some Participant Testimonials

Maternity Emergency Care (MEC) course Alice Springs, NT – October 2015

- Loved the new cultural considerations component of the course. The group exercises were very helpful in reflecting on your own current practice. The other group exercises for some of the topics were fun, but also helpful, you realise that you actually know your stuff. Great job Michelle, Glenda, Mark, Mon and Sheryl.
- I loved this course. Interesting – new and delivered so it was easy to remember.
- Workstations are fantastic. Very relevant to clinical practice. Loved the abdo palpation with the fantastic pregnant woman who allowed us to examine her (I now feel more confident in this skill).

Midwifery Upskilling (MIDUS) course Perth, WA – July 2016

- Excellent course. Great presenters, awesome facilitators. Thank you so much.
- I think a course strength is that the presenters are all current experienced clinicians.
- I was so impressed by the presenters and content of the AREC course Darwin. I jumped at the opportunity to attend this CRANA course in Perth given the financial outlay was minimal due to not having to pay for flights and accommodation etc.
- Would recommend CRANA courses to anyone interested in doing anything in the future. Good to have a cross section of presenters including a GP.

RAHC-sponsored remote emergency care (REC) course proves a winner with experienced and new-to-remote registered nurses



A group of 24 enthusiastic RAHC Registered Nurses (RNs) attended a Remote Emergency Care (REC) course from 10–12 February 2017 at the Australian Nursing and Midwifery Federation branch in Melbourne.

The REC is a one-of-a-kind three-day, face-to-face course sponsored by RAHC and is developed by CRANaplus in conjunction with the Australian

Above: Facilitator Sue Orsmond. Right: REC course.

College of Rural and Remote Medicine (ACRRM) and the College of Emergency Medicine.

The course is designed to enable remote Health Professionals (HPs) to upskill and enhance their knowledge to help them to respond with confidence and deliver quality care in emergency situations.

Some Participant Testimonials

Advanced Life Support (ALS) course
Sale VIC – February 2016

- Excellent learning opportunity – skills invaluable.
- Very organised, excellent scenarios with good variety. Facilitators were experienced and provided a non-judgemental, relaxed environment with good pace for learning.

Remote Emergency Care (REC) course
Coober Pedy SA – September 2016

- Excellent teaching skills of the CRANaplus educators, who are not only experienced but able to 'get the message across' effectively, and demonstrate 'this is what you do'.
- Excellent course. Should be a required course every three years. These skills need to be regularly practised. Repeat practice gives confidence. *(RN Umoona – 30yrs)*

Remote Emergency Care (REC) course
Broome WA – October 2016

- Fantastic facilitators, very informative, conducive for learning.
- Friendly, reposting info from great knowledge base, relevant examples. Thanks very much!
- Walked away feeling extremely confident. Essential to remote work.

Aaron Richardson, Acting Clinical Manager of Remote Area Health Corps, said, "We commenced sponsoring an annual REC course for RAHC Health Professionals with CRANaplus in 2009 as a way to help our HPs complete this vital training. Since then it has grown into an essential part of our Professional Development support."

The course consisted of various hands-on assessments and skill stations covering important aspects of cardiac emergencies, airway stations, mental health scenarios, multiple-causality in a remote scenario, spinal injuries, pain management, paediatrics and more.

CRANaplus trainer Sue Orsmond, and her team of assessors, delivered a great learning and development experience, catering to the diverse range of incidents and situations occurring in a remote setting. ►►



► Exclusive to this course hosted by RAHC was the session on suturing. Suturing is a vitally important and useful skill to hold for those willing to work remote.

One of RAHC's new-to-remote participants, Catherine Dally, commented, "The presenters were friendly and engaging, and I learnt a lot about remote procedures in the course. What I found exceptional was the opportunity to network with some of the experienced RAHC nurses. Overall the course helped us understand and review our background knowledge, and gave us the confidence that we need to draw on from this and previous experiences."

The REC course is worth 20 hours of Continuing Professional Development (CPD), and it is endorsed by the Royal Australian College of General Practice (RACGP), Australian College of Rural and Remote Medicine (ACRRM) and Australian College of Nursing (ACN). ●

Right: REC course participants.



Some Participant Testimonials

Remote Emergency Care (REC) course Alice Springs NT – November 2016

- This is my first, but on the back of this I have enrolled in three more. Thank you all, it was an excellent course and will highly recommend to everyone. *(RN 30–39 yrs)*
- The course had enlightened me of the requirements/preparedness that is required for rural and remote nursing which I will endeavour to meet.

Student Remote Emergency Care (REC) course Adelaide SA – December 2016

- I would like to again thank you and your team for the CRANaplus course over the weekend. The course really prepared me for what to expect in the rural and remote. I am grateful to join CRANaplus. Looking forward to see you in future and you guys are hilarious ☺.
- Fantastic course content and the facilitators were the best I have ever worked with, making subjects interesting and enjoyable whilst maintaining relevance. Well done and thank you. *(Nursing Student and Ambulance officer)*
- Excellent. I'd like to attend more course when it coming next time. *(International Chinese Student)*

Pharmacotherapeutics for Remote Area Nurses

An online course in the practical use of medicines in disease management developed specifically for Registered Nurses who work in or are planning to work in remote and isolated practice.

Commencing 10th April 2017

For further information visit the Centre for Remote Health website or contact the Short Course Administrator

www.crh.org.au crh.pharmaco@flinders.edu.au



Centre for Remote Health

A joint centre of Flinders University and Charles Darwin University



2017 EDUCATION SCHEDULE

COURSES ARE OPEN FOR REGISTRATION AT CRANA.ORG.AU

Schedule subject to changes, please check website for updates.



Maternity Emergency Care

- WESTERN AUSTRALIA**
 - NEWMAN, 26-28 MAY
 - BROOME, 15-17 OCT
- QUEENSLAND**
 - CAIRNS, 16-18 JUNE
 - MOUNT ISA, 25-27 AUG
 - TOOWOOMBA, 1-3 SEPT
- NORTHERN TERRITORY**
 - NHULUNBUY, 5-7 MAY
 - DARWIN, 2-4 JUNE
 - ALICE SPRINGS, 8-10 SEPT
- VICTORIA**
 - LORNE, 24-26 MARCH



Advanced Remote Emergency Care

- QUEENSLAND**
 - CAIRNS, 2-4 JUNE
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 5-7 MAY
- NEW SOUTH WALES**
 - TAMWORTH, 17-19 MARCH



Midwifery Upskilling

- QUEENSLAND**
 - CAIRNS, 19-21 MAY
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 11-13 AUG
 - DARWIN, 22-24 AUG
- NEW SOUTH WALES**
 - DUBBO, 7-9 APRIL
- VICTORIA**
 - COLAC, 10-12 NOV



Remote Emergency Care

- WESTERN AUSTRALIA**
 - NARROGIN, 12-14 MAY
 - BROOME, 21-23 OCT
- QUEENSLAND**
 - ROCKHAMPTON, 10-12 MAR
 - CAIRNS, 15-17 SEPT
 - CLONCURRY, 10-12 NOV
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 20-22 MARCH;
14-16 JUNE & 28-30 SEPT
 - NHULUNBUY, 1-3 SEPT
 - DARWIN, 3-5 MAY & 11-13 OCT
- NEW SOUTH WALES**
 - BYRON BAY, 24-26 FEB
- VICTORIA**
 - BENDIGO, 4-6 AUG
- TASMANIA**
 - HOBART, 17-19 NOV

"As usual, an excellent CRANAplus course, run by practitioners with an obvious passion for high standards of rural and remote health"

ALS Broome 2014



Advanced Life Support

- WESTERN AUSTRALIA**
 - NARROGIN, 15 MAY
- QUEENSLAND**
 - CAIRNS, 29 JULY
 - LONGREACH, 13 NOV
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 4 SEPT
 - DARWIN, 10 OCT
- NEW SOUTH WALES**
 - BYRON BAY, 27 FEB
- SOUTH AUSTRALIA**
 - ADELAIDE, 18 FEB



Paediatric Emergency Care

- WESTERN AUSTRALIA**
 - BROOME, 21-22 OCT
- QUEENSLAND**
 - CAIRNS, 4-5 NOV
- NORTHERN TERRITORY**
 - DARWIN, 8-9 APRIL
 - TENNANT CREEK, 12-13 AUG
- NEW SOUTH WALES**
 - TAMWORTH, 23-24 SEPT
- VICTORIA**
 - MELBOURNE, 27-28 MAY



Triage Emergency Care

- WESTERN AUSTRALIA**
 - ESPERANCE, 2 MAY
- QUEENSLAND**
 - MOUNT ISA, 22 JUNE
- NORTHERN TERRITORY**
 - TENNANT CREEK, 14 AUG
 - ALICE SPRINGS, 3 SEPT
- SOUTH AUSTRALIA**
 - ADELAIDE, 19 FEB



Practical Skills

- WESTERN AUSTRALIA**
 - BROOME, 16 OCT
- QUEENSLAND**
 - MOUNT ISA, 20 JUNE
 - CAIRNS, 30 JULY
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 3 SEPT

CRANAplus Annual Conference Broome, WA 18-20th October 2017

The Future of Remote Health and the Influence of Technology

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**Aspiring to a career
in remote practice?**

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Pathways to Remote
Professional Practice
publication on
our website



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or call **08 8408 8200**

CAIRNS
07 4047 6400
ALICE SPRINGS
08 8955 5675
ADELAIDE
08 8408 8200

professional

professional services activities

Activity level within Professional Services remains very high and we endeavour to keep abreast of all new opportunities and issues.

Both the National Safety & Security Project and the Rural Nurses Project have kept Rod and Judy very busy and both projects, along with the identified objectives and deliverables of each, create a snowball effect, an indication of the dynamic nature of the sectors.

ANMAC review of the Enrolled Nursing Standards

The Australian Nursing and Midwifery Accreditation Council (ANMAC) conducted the second stage of the review of the Enrolled Nurse Accreditation Standards used to assess and accredit Diploma of Nursing Programs of study. See ANMAC website for on going details: <http://www.anmac.org.au/standards-and-review/enrolled-nurse/enrolled-nurse-accreditation-standards-review>



- Digital Health Agency: <https://conversation.digitalhealth.gov.au/>
- Health Practitioner Regulation National Law Amendment Law 2017

Remote Management Program: essentials for remote managers

As 2017 moves into full swing, with remote health care workers' on-going education as a

key focus for CRANaplus, the findings of the Remote Management pilot program (September 2016) have certainly hit the mark as a successful program for managers.

The evaluation report showed that on-line modules were pitched at the right level in meeting the participants' learning needs, and a high level of satisfaction was expressed when they attended the two-day workshop.



Ongoing evaluation of the participants' learning was conducted at each stage of the program, showing a significant shift in their leadership and management knowledge and skills by the end of the program.

The managers demonstrated that they were able integrate their learning through successfully leading, driving change, and implementing a nominated quality improvement project into their workplaces.

The CRANaplus partnership with Australian College of Health Service Management proved to be an invaluable experience for the managers as they were supported by an ACHSM registered member to mentor them for 6-8 months after the completion of the course. ►►

►► It is anticipated an ongoing partnership with ACHSM in providing resources will contribute and value-add to managers' ongoing learning and hold them steadfast in their management role in delivering safe, much-needed quality services to our remote communities.

This innovative program is a must for those who are aspiring to be managers, and acting managers. CRANaplus is offering two courses this year with face-to-face workshops in Cairns on 4 May and in Broome on 17 October.

For further information visit our website: <https://crana.org.au/professional/pilot-course>

Remote Nurses set the bar for their practice – RAN Certification

Progress has been steady since last year's Conference, when the concept and process of RAN Certification framework was presented. Our intention is to transform the program from paper-based to a slick on-line assessment process for all remote and isolated nurses, with easy access through the CRANaplus website.

Thank you to all those remote nurses who responded to our request late last year for a handful of remote nurses to take part in the pilot RAN Certification. They were expected to demonstrate their professional practice against the nine Professional Standards assessment criteria, as well as inform the IT build of the program.

As we received an overwhelming response, a selection process was undertaken, resulting in eight nurses registering for the pilot program.

The pilot commenced early December, imposing a tight timeframe for completion combined with the increased work demands and holidays that the Christmas period brings for many remote nurses. This influenced the number of nurses who successfully gained RAN Certification status.

Congratulations to Kordinelija Stott, Libby Bowell and Linda Main who successfully demonstrated that they met the CRANaplus nine Professional Standards and have set the bar for their practice as a Certified RAN.

Safety & Security project

Rod Menere, Safety & Security Professional Officer, released his Remote Area Workforce Safety & Security Report mid January.

You can access it at <https://crana.org.au/professional/practice/safety-security-in-remote-healthcare>

This was the culmination of an extensive literature review built on the 'Working Safe in Rural & Remote' and the broad consultation that was conducted with stakeholders.

The report identifies significant safety and security issues and response options. Rod said that, while confronting at times, the report provides CRANaplus, other organisations and clinicians with information about how to promote their wellbeing when working in remote and isolated locations.

With the project due to finish in June, the current focus is on developing other project resources: National Safety & Security Guidelines; an App, the resource book, and the E-Training module.

Information about Remote Health Workforce Safety & Security will be presented at the National Rural Health Conference in Cairns in April.

Scholarships and Grants

CRANaplus Scholarships and Grants are all open, so please check them out at <https://crana.org.au/membership/scholarships>

Note, we now have two application periods for the undergraduate clinical placements, which may make a difference in accommodating university calendars. We will review this initiative at the end of this year.

Gayle Woodford Memorial Inaugural Scholarship

We received a great response to the launch of this joint initiative between the Centre for Remote Health and CRANaplus, receiving 24 very high-quality applications.

This competitive field made the final decision very difficult and we regret only having one to offer. ►►



Photo: Janette Lawler



Photo: Steve Batten

» This high level of interest reflects on-going desire to undertake further study, which is very encouraging, and highlights the real need for scholarship assistance when studying at this level.

Congratulations to the inaugural winner, Vesna Balaban. See her profile/bio later in this edition.

Country Women's Association of Australia (CWAA) Rural & Remote Nursing & Midwifery Scholarship

We are very pleased to be supporting this initiative of the CWAA, to offer scholarships for Professional Development, aimed at the rural and remote community level. The scholarship will provide opportunities for nurses and midwives to upskill in the context of providing services to meet the needs of their communities. See article later in this edition.

Health Workforce Scholarship Programme (HWSP)

We trust this new scheme will have been announced by the time this magazine reaches you.

You may recall that in 2015 the Commonwealth Department of Health held consultations after it was announced in the 2015/16 Federal Budget. This budget measure aimed to streamline existing health workforce scholarships into a single program. As a consequence the existing Programs for Nursing & Midwifery, Allied Health and Medicine were essentially put on hold.

The commitment from Minister Gillespie was to *"promote a better distribution of the health workforce, particularly in rural and remote communities where their expertise and services are needed the most... It will also deliver a consistent approach to the rules and obligations that will apply to scholarship participants as well as provide greater flexibility to meet changing workforce priorities in response to local needs"*.

So we will be watching this space with great interest.

Nursing and Midwifery Scholarships under the Nursing & Allied Health Scholarship Support Scheme (NAHSS)

Following on from the above, there have been many enquiries regarding the status of this HWSP scheme and the Minister announced in December 2016: *"I've agreed to interim scholarship arrangements ahead of the launch of the new Health Workforce Scholarship Program (HWSP) early next year"*.

Consequently, the Australian College of Nursing announced that a limited round of scholarships would be available in February this year covering the 12-month offer period of 2017. Due to the late announcement, the February scholarship had a very short lead time and applications have now closed.

CRANaplus Awards

The general category of the CRANaplus Awards is open to CRANaplus members, one of the benefits of full membership, so consider nominating a colleague or yourself. It is a great way to acknowledge best practice <https://crana.org.au/membership/awards/cranaplus-award>

The prestigious Aurora Award, targeted at the remote and isolated health workforce, was initiated by CRANaplus to recognise individuals who have made an outstanding contribution to remote health. These individuals provide inspiration, leadership and energy to make things happen.

Please consider nominating a colleague for this Aurora Award <https://crana.org.au/membership/awards/aurora-award>, as it is an opportunity to profile and celebrate the high caliber of professionals who work in remote and isolated practice.

We have all seen the impact on recipients when they receive a prestigious Award such as this, serving as an acknowledgment of commitment and contribution to the workplace from individuals who do not usually seek accolades. It is equally as rewarding for the nominator.



Rural Nursing Project

We were overwhelmed by the excellent response to the rural nursing survey (756 responses), so we thank every nurse who took the time to complete it.

The analysis of the responses has provided a rich source of information that has helped inform and guide consultations.

Key themes that emerged from the survey include:

- **Recruitment and retention** – not only difficulty in recruiting numbers but also the right skill mix.
- **Safety and security** – rural nurses face similar issues to remote nurses in that after hours there is minimal staffing, not only managing the inpatients but any emergencies that present after hours.
Unfortunately 'bullying behaviours' was also a big issue both by management and peers.
- **Professional development** – rural nurses have clearly stated they want access to context appropriate online and affordable face to face courses.

Practical skills workshops held in rural locations was seen as very important. The lack of management and roster support are other key issues in being able to attend professional development courses.

- **Support and isolation** – nurses identified that they did not feel supported by management in their clinical role. Nurses identified a lack of relocation and housing incentives, including the availability of reasonably priced quality rental properties in rural areas as an important issue when considering relocating to rural locations. Lifestyle and family were also mentioned, as in employment for partners and schooling opportunities for children being factors when considering relocating.
- **Engagement with CRANaplus** – the fact that we have commenced our engagement with this survey was seen as a huge positive, however face-to-face visits were overwhelmingly sought after. This is what we are currently endeavouring to fulfill. We are already aware that rural nurses access the Bush Support Services, and it was gratifying that 80% of respondents were aware of this service. »



►► Consultation visits have already occurred in Queensland, Tasmania and Victoria. Many kilometres have been covered so far on our whirlwind visits. We have received a warm welcome at every stop and the nurses have been generous with their time in speaking with us. It is clearly evident that the voice and views of rural nurses have not been heard.

CRANaplus is very committed to promoting rural nurses and rural nursing as a career. Knowing we do not have all the answers our aim is to help and support wherever appropriate...

One fantastic benefit of our consultation is to drive through the contrasting landscapes and scenery that is Australia. From dusty paddocks in Queensland to the rolling hills, winding roads and lush farmland of Tasmania, to the stunning alpine and coastal regions of Victoria. Our Tasmanian visit started well with a case of mistaken identity as the nursing team thought we were the 'continence product reps' so it was a hilarious start to our visit. Thanks Yvonne and team!

Many health services are struggling with recruitment of nursing staff, with many establishing recruiting processes from overseas. Recruiting the right skill mix was also a dilemma. Whilst recognising that we have an aging workforce, the perceived problems of supporting junior staff 'in charge' after hours in case of emergencies was an issue. Lack of stability of medical workforce has a huge impact on both nursing and patients, which cannot be underestimated.

We extend a huge 'thank you' to Karen Schnitzerling in Tasmania and Jason Phieler in Victoria for their assistance in helping us arrange contacts and visits to health services in their states. Thank you also goes out to the Queensland team Karen McLellan, Karen Deininger, and Frankie Harlow for their welcome, enthusiasm, time and assistance on our November trip to the Central West region, Queensland.

As the Project progresses we will continue to engage and find opportunities to meet and talk with more rural nurses about the issues which impact on their professional lives. We are also particularly interested in hearing from enrolled nurses about their specific rural nursing and professional development needs.

CRANaplus is very committed to promoting rural nurses and rural nursing as a career. Knowing we do not have all the answers our aim is to help and support wherever appropriate, including identifying opportunities to provide resources that will assist nurses preparing for rural practice. In addition, the development of contextually appropriate, ongoing professional development resources, to assist rural nurses in the acquisition and maintenance of the knowledge and skills required for quality, safe, and competent care delivery to the communities in which the nurses live and work.

Regards from the team
Marcia, Judy, Rod and Geri
Professional Services
CRANaplus ●



The Country Women's Association of Australia (CWAA)

Rural and Remote Nursing and Midwifery Personal Development (PD) Grant 2017

The Country Women's Association of Australia (CWAA) is committed to high-quality health services in Rural and Remote Australia.

A project was undertaken some time ago where royalties from several cookbooks was put aside to provide financial support through a grant to assist rural and remote nurses continue their professional development whilst providing additional health service needs to their communities.

The CWAA has worked with the National Rural Health Alliance and CRANaplus to update this program and is pleased to announce that there will be four (4) scholarships up to \$5,000 each for Rural & Remote Nursing & Midwifery programs and courses in 2017.

Keep alert for the applications open on
1 September 2017 and close on 13 October 2017.

Forms will be available from 1 September 2017 at
<http://ruralhealth.org.au/cwaaruralnursingcpdgrant>



*CWAA working with partners to support
Rural and Remote health services in Australia*

gayle woodford memorial scholarship

Vesna Balaban (pictured below) discovered her passion for remote nursing when she met her partner, an Indigenous man from Darwin in the Northern Territory. But her nursing career and arrival in Arnhem Land began many years before and thousands of kilometres away in her home country, Serbia.

Vesna, the first recipient of the Gayle Woodforde Memorial Scholarship, which will cover her course fees for the Graduate Certificate in Remote Health Practice through Flinders University, outlines the extensive study regime she has consistently undertaken.

Although I gained my initial nursing degree in 1985 and worked for 10 years in surgical nursing in Serbia before relocating to New Zealand, my nursing qualification was not fully recognised, so it was back to study.

While I undertook a Bachelor of Nursing at Wellington Polytechnic School, I worked as an Enrolled Nurse in a local nursing home, graduating in 1998. I then undertook the New Graduate Nursing Program at Capital Coast Health Limited, graduated in 2000, and worked in operating theatres for a year before moving to Australia.

Over the next decade or so, I worked at the Alfred Hospital, Melbourne in the peri-operative

setting, mainly in the neurosurgical theatre with both major cranial and spinal procedures; in cardio-thoracic theatres back at Wellington Public Hospital; and, back in Australia, at The Mount Hospital in Perth, first as a senior RN and promoted a year later to Clinical Nurse in cardiothoracic specialty.

I feel very strongly about closing the gap and improving the health of Yolngu people...

Although I was committed to peri-operative nursing I felt that something was missing. I found myself keen for a change. Everything came together when I met my partner who is an Indigenous man from Darwin.

Gayle Woodford Memorial Scholarship

This scholarship, jointly sponsored by CRANaplus and the Centre for Remote Health, covers the course fees for the Graduate Certificate in Remote Health Practice through Flinders University.

The scholarship, awarded annually, will continue as long as the Graduate Certificate is offered. The usual part time study period is 12 months, but recipients may be allowed up to two years to complete their course.

Simply by asking me if I would consider moving to the NT and becoming a RAN he opened a door to a whole new world I never known about.

I embarked on a new learning curve in 2014! I committed to this new venture by attending and completing courses for Remote Area Nurses offered by CRANaplus. I immersed myself into Aboriginal culture, reading, researching and preparing myself to become a RAN. My partner has always been a great mentor and supported me all the way along.

So, it is remote nursing where my passion and desire now lies!

We moved to Nhulunbuy in the NT at the end of 2014 and I've been working as a registered Nurse in Yirrkala at Miwatj Health for the past two years. My duties are to provide primary health care including emergency care; manage chronic conditions in the Yolngu clients; and deliver health education and promotion to increase life expectancy of the Yolngu clients.

I feel very strongly about closing the gap and improving the health of Yolngu people, in particular working to eradicate rheumatic heart disease and reducing the prevalence of skin infections especially scabies. ●



grant enables further training

Physiotherapist Kate Kingston, winner of the AMOS Grant to attend further professional development, has certainly taken full advantage of this scholarship. Here's what she's achieved in the past year.

As a new-graduate physiotherapist, fresh out of studies at the University of Newcastle in 2015, I took up a position last year at a private practice in Yamba, a small town in Northern NSW.

I have a passion for rural and remote healthcare and my goal is to support Australians living in rural/remote locations to recover from injury and adopt healthy, active lifestyles. I am always keen to gain new knowledge and skills. However, being geographically isolated from professional development opportunities, with prohibitive travel and accommodation costs, presents a major barrier.

The 2016 CRANaplus AMOS Fund Scholarship made this possible. The grant enabled me to complete post-graduate courses in Sports Physiotherapy, Therapeutic Yoga and Workcover Practitioner Training.

I completed a Sports Physiotherapy Level I Course in Brisbane in August. This intense course consisted of 16 hours practical training in assessment, diagnosis and treatment of musculoskeletal sporting conditions. It improved my skills and confidence to treat patients in the clinic presenting with acute hard and soft tissue injuries and I use these skills on a daily basis to first diagnose and then develop exercise programs for rehabilitation post-injury. I plan to continue training in this field by completing the Sports Physiotherapy Level II course.

In September I travelled to Melbourne to attend a Therapeutic Yoga Level 1 Course.

I have a passion for rural and remote healthcare and my goal is to support Australians living in rural/remote locations to recover from injury and adopt healthy, active lifestyles.

This course covered fundamental theory and practical aspects of yoga. It explored the benefits of yoga as therapy for people living with chronic conditions of cancer, osteoarthritis, diabetes, depression and osteoporosis.

It has allowed me to combine my passion for yoga with my interest in chronic health. I am now a qualified yoga teacher and I run therapeutic yoga classes each week in Yamba.

I completed the Workcover NSW Allied Health Practitioner Training over a six-month period.

The three online modules explored methods to promote holistic recovery following workplace injury. I now have the clinical and administrative skills to treat injured workers through the NSW workers compensation system. In the clinic I now treat workers who have sustained musculoskeletal injuries and devise return to work plans.

The knowledge and skills I have gained will enhance my contributions to rural/remote health.

It has been a huge privilege to attend these post-graduate training courses with the CRANaplus grant used to cover course fees, travel and accommodation expenses. The knowledge and skills I have gained will enhance my contributions to rural/remote health. I would like to sincerely thank the CRANaplus team for this grant and support for further education. ●





connect

living well in multipurpose services – a NSW collaborative

There are more than 60 Multipurpose Services (MPSs) across NSW; unique rural health care facilities that provide acute care, sub-acute care (including respite and palliative care), emergency, primary health and residential aged care to meet the needs of small rural communities.

MPS are accredited under the National Safety and Quality in Healthcare Standards (NSQHS) as they provide hospital services as well as Residential Aged Care. However, although the majority of care provided in MPS is aged care, MPS are not required to meet Aged Care Standards¹ as is the case with Commonwealth funded Residential Aged Care Facilities.

In 2014 a consultancy identified the gaps between the NSQHS and the Aged Care Standards to be:

- Homelike Environment
- Role of the person on their own care (resident-centred)
- Cognitive Impairment
- Hydration and Nutrition
- Leisure activities and Lifestyle.

Using these gaps as a baseline, the Agency for Clinical Innovation (ACI) developed *Living Well in MPS* Principles (listed in the infographic on following page) which focus on quality of life, individualised person centred care and creating a homelike environment for residents.

A toolkit supports staff in providing care for residents of MPS; not as patients in hospital, but as residents living in their home, and comprises:

- **Principles of Care** – eight key principles designed to improve the quality of life and wellbeing of residents
- **Self-Assessment Checklist** – to help MPS identify their current strengths and weaknesses and prioritise areas they wish to improve
- **Resource Guide** – evidence-based strategies which MPS can implement to foster improvements
- **Evaluation Package** – to determine how well the Living Well in MPS Collaborative achieves its overall aims.

In 2017, 25 MPS are involved in an ACI Collaborative to implement the *Living Well in MPS* Principles.

Each MPS team is supported through a series of three Learning Sets and corresponding three month Action Periods as they adapt, implement and monitor small scale changes. By sharing successful strategies between facilities over the 12 month Collaborative, it is anticipated that a collective level of overall improvement will be achieved and a culture of continuous improvement embedded. You can view the *Living Well in MPS* Collaborative webpage at <https://www.aci.health.nsw.gov.au/resources/rural-health/multipurpose-service-model-of-care-project/living-well-in-multipurposes-collaborative>

Reference

1. Australian Aged Care Quality Agency. Pocket Guide to the Accreditation Standards. Parramatta NSW: Australian Aged Care Quality Agency; 2014. 56 p.

Jenny Preece
ACI Rural Health Network Manager ●

Living Well in Multipurpose Services (MPS) Collaborative 2017

Twenty-five MPS will participate in a year long Collaborative to implement Principles of Care which support staff in providing care for aged care residents of MPS; not as patients in hospital, but as people living in their home. Throughout 2017, the MPS will undertake a series of three Learning Sets and Action Periods where improvements are trialled and shared with their colleagues.

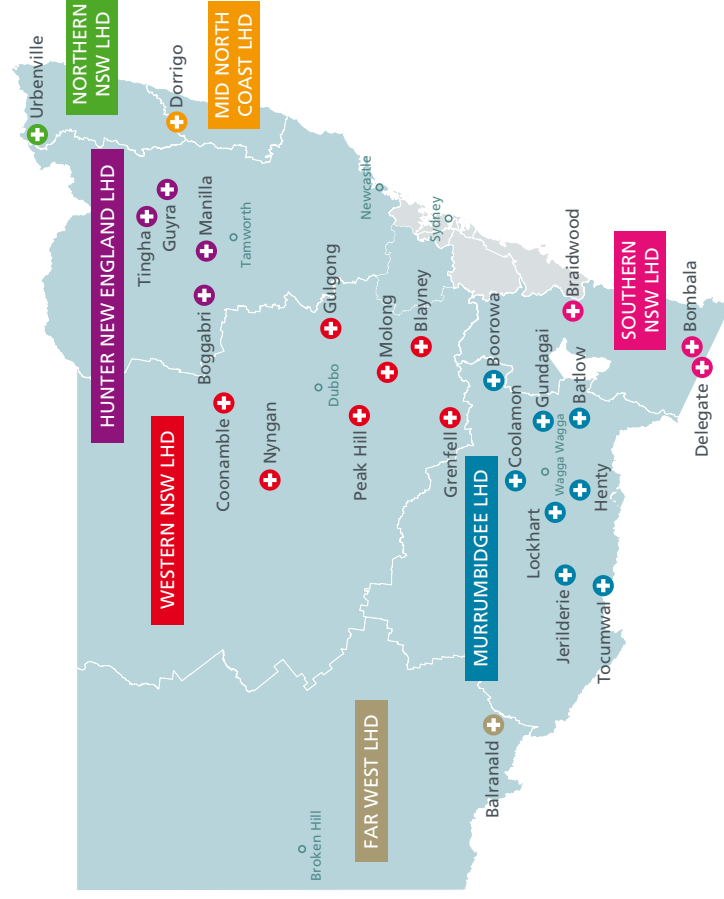
THE LIVING WELL IN MPS TOOLKIT INCLUDES:

- Principles of Care
- Self-assessment
- Resource guide
- Evaluation package

FOR MORE INFORMATION PLEASE CONTACT

Email: Jenny.Preece@
health.nsw.gov.au
Ph: +61 2 66927716

MPS Sites participating in the Collaborative



Principles of Care



 **Respect for rights
as an individual**

 **Informed and involved**

 **Participates in assessment
and care planning**

 **Lives in a homelike
environment**

 **Access to meaningful
recreational activities**

 **A positive dining
experience**

 **Access to
multidisciplinary services**

 **Expertise in aged care**

Visit www.aci.health.nsw.gov.au/mpsc

experts are right to speak out on climate change threat



February marked the eighth anniversary of the worst bushfires in Australian history – the Black Saturday fires in Victoria. This firestorm killed 173 people, injured 5000, affected 109 communities and damaged or destroyed 3500 buildings.

For the doctors, nurses and psychologists called to respond, and who continue to deal with its aftermath, now is a time not only to reflect on lessons of the past, but to prepare for the future. We know climate change is making extreme weather events – bushfires, droughts and heatwaves, storms and floods – more frequent and severe. All of these disasters harm the health of our patients and communities.

Bushfires are devastating, and their impacts and consequences long lasting. As well as causing death, the immediate health risks include radiant heat injuries, dehydration, heat exhaustion, smoke inhalation and trauma. In the aftermath, communities face serious public health issues such as sanitation and water

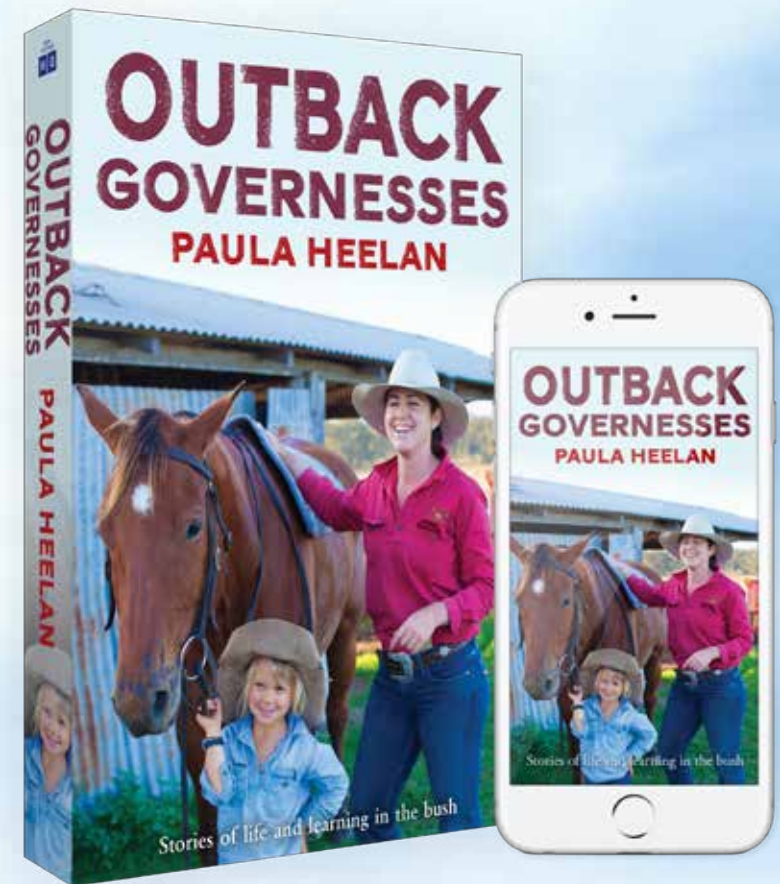
safety, smoke pollution, food insecurity, infection control and access to basic accommodation, healthcare and community services. Sadly, in the longer term, people affected by bushfire disasters are also at higher risk of many ongoing physical and mental health problems. They also face the social and economic costs of rebuilding homes, communities and infrastructure.

Health professionals have a responsibility – to our patients and communities – to speak up on issues that threaten human health. It's why leading medical organisations are describing climate change as a 'public health emergency', mirroring the experiences of doctors and nurses on the frontline. So, just as we advocated for tobacco control, health professionals are now mobilising to demand urgent action to mitigate climate change in order to reduce the risk of the tragedy and devastation of another Black Saturday.

Dr Kate Charlesworth
Public Health Physician
Climate and Health Alliance ●

Originally published in the Illawarra Mercury.

From the bestselling author of
Australian Midwives and *An Outback Life*



Available from March 20 wherever books are sold



diabetes and disaster preparedness

Natural disasters are unpredictable and destructive, and can have a significant financial and emotional burden on the individuals and communities affected,¹ often causing significant damage, injury, illness, loss, trauma, and grief. Living and working in an area affected by a natural disaster is difficult for all involved and often disrupts community services, health service delivery, and public infrastructure.

Natural disasters affect people with diabetes more severely than those without diabetes, with diabetes control deteriorating both during and after a natural disaster, with people who require insulin experiencing even greater deterioration in their diabetes control with some of these effects lasting for months.^{2,3} Individuals also have an increased risk of morbidity and mortality.⁴

For those who are normally well versed at self-managing their condition, there can be serious impacts on their ability to manage appropriate self-care after a natural disaster has occurred. A sudden change in diet, a reduction or increase in exercise, poor availability of glucose monitoring equipment, changes in routine, stress, anxiety and fear as well as an alteration in a person's priorities can affect their ability to self-manage their diabetes.

An unprepared person with diabetes may also have no access to blood-glucose monitoring equipment, insulin and other injectable and oral diabetes medication, appropriate foot care or a supply of glucose just to name a few.

The provision of self-management support is essential to helping people with diabetes to successfully manage their diabetes in the event of a natural disaster.



Key Points

- Natural disasters occur with reasonable frequency within Australia.
- As a result, individuals living with diabetes, particularly those on insulin, can have deterioration in glycaemic control in the short and long term.
- Disaster planning and preparation may improve health outcomes in affected individuals with diabetes.
- Resources are available to help individuals prepare to respond to natural disasters.

Raising awareness of the importance of planning for self-management is an integral part of keeping people with diabetes out of both the hospital system and the immediate response units after a natural disaster. However, there is still a significant proportion of the population that will remain unprepared. This is particularly the case amongst high-risk population groups for example, vulnerable persons – people who are isolated, older people, people with a disability and those in care, as well as those who speak English as a second language.

A number of resources have been developed to assist in the management of diabetes before, during and after natural disasters for people with diabetes, health professionals and those involved in disaster management. The *My Diabetes Emergency Plan* has been developed to assist people with diabetes to encourage self-management of their diabetes. *Managing Your Diabetes in an Emergency* is a companion flyer that explains how to use the Plan as well as an A3 poster that highlights the potential risks of diabetes in an emergency which would be useful to display in waiting rooms.

The Guidelines aim to support and educate authorities including emergency services, local councils and the not-for-profit sector involved in the emergency management with the intent of reducing morbidity and mortality of those with diabetes and other chronic conditions, and at the same time, minimising the strain on hospital resources. These can all be accessed at: <https://www.ndss.com.au/diabetes-and-emergencies> and translated resources available from: <http://bit.ly/2fVuxLj>

We know that recovery from a natural disaster can take many years – affecting individuals and communities in very different ways. Recovery time can in some instances be shorter for those who have spent time pre-planning for a natural disaster. Lessons learned from past natural disasters indicate the importance of disaster preparation and planning in reducing the overall impact of a disaster.

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sharing information about aboriginal and torres strait islander eye health

The Australian Indigenous HealthInfoNet, in partnership with The Fred Hollows Foundation, is expanding its Eye health web resource (www.eyehhealth.org.au). The web resource is an online collection of eye health information and resources – it also provides tools to support information-sharing among health professionals.

Aboriginal and Torres Strait Islander children, especially those in remote areas, often have better vision than non-Indigenous children. However, levels of both vision impairment and blindness are three times higher among Aboriginal and Torres Strait Islander adults than among non-Indigenous adults. Vision impairment among Aboriginal and Torres Strait Islander adults is particularly prevalent in outer regional and remote areas.

Although almost all of the eye problems experienced by Aboriginal and Torres Strait Islander people are preventable or treatable, delivering eye care in rural and remote communities remains a challenge.



Above: *Life before the drought* by Julie Weekes (artwork used for the Eye health web resource).
Opposite: Home page of the Eye health web resource.

To support the health workforce, new key facts sheets are being developed to summarise the latest information about Aboriginal and Torres Strait Islander eye health.

The first key facts sheet is now online and provides information about diabetic retinopathy. It is accompanied by a PowerPoint presentation to help health care providers and educators share this information. Static and animated infographics are also being developed.

What is the Eye health web resource?

The Eye health web resource helps health professionals – who are often overburdened, under-resourced, and time poor – keep up-to-date with the latest information and research.

It includes:

The **Eye health section** (www.eyehhealth.org.au) – an extensive collection of information and resources that provides reviews and 'plain language' materials about Aboriginal and Torres Strait Islander eye health, and information and links to:

- policies and strategies
- programs and projects
- health promotion and practice resources
- publications
- organisations
- jobs, courses, funding and conferences.

The **Eye health workforce portal** (www.healthinfonet.ecu.edu.au/other-health-conditions/eyeworkers) – a sub-set of information that has been chosen for its relevance to the eye health workforce, and is organised under topics that include:

- vision loss and blindness
- refractive error
- cataract
- diabetic retinopathy
- trachoma.



The **Eye health yarning place** (www.yarning.org.au/group/12) – an online network that helps people across Australia share their knowledge, experience and information. Members can yarn with each other on the discussion boards, or by using our message stick (email list) or online chat facilities.

In addition to the yarning place, there are other resources for receiving and sharing knowledge and information. These include: online news items, monthly newsletters, a Twitter account and online forms to submit information.

You are encouraged to join the yarning place and contribute to the development of the Eye health web resource by sharing your knowledge and experience and suggesting new materials for inclusion.



To visit the web resource go to:
www.eyehhealth.org.au

To join the yarning place go to:
www.yarning.org.au/signup

For queries about the Eye health web resource, contact: eyehhealth@healthinfonet.org.au

For queries about the Australian Indigenous HealthInfoNet, contact: healthinfonet@ecu.edu.au

Australian Indigenous
HealthInfoNet

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would your clients benefit from Rehab?



Drug and Alcohol Services Australia (DASA) located in Alice Springs has some vacancies for clients wishing to address their alcohol and drug issues.

This presents an opportunity for the remote workforce in Central Australia to look at their own clients and refer any that would benefit from a stay in the Aranda House rehabilitation program. Until very recently Aranda House has been full to capacity with a substantial waiting list.

We are aware that there are often community members who along with other health issues, suffer from various forms of addiction and we are keen to make clinicians in remote communities aware of the services we offer.

DASA has a multi pathway referral system whereby anyone including families and clients themselves can ask to be assessed for residency at Aranda House. Some, but not all, of our clients come through the justice system and are referred by their lawyers and the courts.

A large number come from communities across the Central Desert and they are well catered for by our Aboriginal Outreach team members, who work closely to support them, and speak most of the languages of the region.

DASA's Aranda House at 9 Kempe Street is a 20-bed residential service that supports people in recovery from volatile substance, and drug

and alcohol addictions including ice. Anyone over 18 can self-refer or be referred to Aranda House for assessment. We pride ourselves in providing a welcoming environment for people from a variety of cultural backgrounds and we're committed to safe and inclusive service delivery for LGBTI people in our community. Aranda House is a "Therapeutic Community" where people actively participate in their own personal recovery in a supportive and caring environment. We encourage self-help and mutual support, as a way of promoting the personal change needed to recover from drug and alcohol addiction. If medical detoxification is needed, withdrawal is co-managed with other health services. Our residents are engaged in one-on-one case support and a variety of group therapy, sport, recreation and healthy lifestyle activities. They participate in outings, bush trips and cultural activities and manage the kitchen and meals and other house duties to re-learn the responsibilities of day-to-day living.

Our services include a sobering up shelter, the resi rehab service program, a transitional care program, independent living, an outreach service (who work in Alice Springs and town camps) a prison in reach program, drink driver education and cultural awareness.

If you think we can help you and your clients please contact Sarah on 08 8950 3700 or intake@dasa.org.au

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available on request**

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