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CRANA *plus* magazine

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the voice of remote health



educate 46
advocate 60
support 70

from the editor



GROWTH (not Grease) is the word for CRANApus in 2014.

Our Education Team is set to deliver around 100 courses this year and on pages 48–49 meet Emergency Course Coordinators Anni and Sonia who have joined the Team in Cairns to support us in achieving this goal.

BSS has welcomed Therese Forbes as full time Psychologist and Tyrone Toomey as the new Contract Psychologist to their Team.

Also, this month we are proud to announce three new Corporate Members: Northern Territory Medicare Local (NTML); Ngaanyatjarra Health Service providing primary and preventative health care to communities widely scattered across the Great Victorian and Gibson Deserts of WA; and Ngangganawili Aboriginal Health Service (NAHS) which operates clinics in Wiluna and Karalundi in WA. We value

our relationships with these and all the fine organisations choosing to partner with us.

Earlier this year we learned the Rural Health Education Foundation would close its doors after 22 years of operations. Improvements to technology and internet has seen greater access to health education and information for many but it has often remained difficult for those in remote and rural areas. RHEF met this need and was easily accessible to the workforce delivering services to clients in the most remote and under-resourced areas in this country. RHEF will be missed across Australia.

Our cover is one of the many wonderful photos received from members that will feature in future issues and on our website. Thank you to all who contributed and shared images of where you work, live and play.

Were you working as a Nurse or in Allied Health for Alice Springs Health Service between 1991–1993, or know someone who was? Well, there's a reunion planned in Cairns later this year with details on page 9.

There's all this and more inside, so make a coffee, put your feet up and enjoy!

Anne-Marie Borchers
Manager Member Services, CRANApus



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

About the Cover: A remote 'selfie'; RAN Rhonda Wittmann with some of the local girls from Areyonga/Utju community, a beautiful and picturesque community west of Alice Springs.

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



Call for abstracts
invitation now open

CRANApus invites you to submit Abstracts for oral and poster presentations at the 2014 Annual Conference: Creating and Sustaining Diversity within Communities.

Australia is a multicultural society and when exploring the breadth of the definition of culture, remote communities demonstrate great diversity, thus impacting on the provision of health services that meet the needs of communities and individuals.

Abstracts will provide an opportunity for authors to communicate their recent experiences when dealing with the diversity and differences within communities, the successes and the challenges of providing accessible health services.

In creating and sustaining diversity within communities, the authors will need to show how the program/service impacted on the service provider(s), the services delivered, individuals, or community groups and the wins and the barriers to providing sustainable health outcomes.

Drawing on the conference title: **Creating and Sustaining Diversity within Communities**, abstracts are being sought that address this very broad perspective and provide opportunities for you to demonstrate the multi-factorial dimensions of remote health practice from the broad perspective of health and community.

We encourage submissions from:

- Health and Community Services, Government and Non-Government community-controlled and Aboriginal medical services, mining health services, refugee and migrant health.
- Nurses, doctors, midwives, allied health professionals, Aboriginal health workers, health promotion officers, maternal and child health workers, dental workers, aged care workers, mental health workers, community workers, bicultural and bilingual workers, interpreters, managers, multicultural services and consumers.
- Undergraduate students.
- Academics and education providers
- Researchers and post-graduate students.

An Encouragement Award will be offered to the best first-time presentation given during the Conference.

Presentations are 20 minutes with additional time for questions at the completion of each session.

Closing date for Abstracts: 31 May 2014
Full details are available on our website: www.crana.org.au

from the acting ceo



It has been my privilege to be in the Acting role since November during this transition period.

We are used to change in this organisation, and the new opportunities and relationships that change can bring. And this transition period has been no different. We have a new era with a coalition government and new people in the Department to get to know which is an early priority.

BSS will launch their phone App soon on the topical issue of bullying, and this exciting new venture into the world of Apps will provide many opportunities to promote the organisation and spread important messages, particularly to a generation who rely so heavily on this type of technology for their information.

One aspect I spent some time thinking about during my time as Acting CEO is in the area of communications, and in particular access to effective and efficient IT. We have seen much activity with Telehealth projects improving access to specialist services, reducing the impost of unnecessary travel and also opportunities for professional support and education. The National health record also comes into that sphere.

Having to consult the doctor remotely is nothing new for people living in the remote and even rural regions of Australia. Technology has changed a lot over the years. First it was the pedal radio, then it was HF radio for individuals to get medical advice or for Remote Area Nurses and Aboriginal and Torres Strait Island Health workers to do a consultation with the doctor. There was nothing private about these consults as it was a standard practice for everyone to tune in to the medical Channel at the nominated time: was that so different to Facebook? This was followed by the 'partylines' on telephone or the open radio sessions affectionately known as the 'galah session' which sound a lot like chat rooms and even Twitter, where every thought is shared.

This leads me to write about privacy. It is critical that we, as health professionals, are very careful of how we share our work experiences in this social media world. There has been many reports of cases of injudicious use of Facebook to share patient stories across networks and where that has seen the de-registration of some professionals in the UK.

Communication is critical. We rely on it enormously in our vastly distanced population groups and we recognise the great improvements these new developments mean in terms of healthcare access to a range of health professionals, peer support for isolated health professionals and opportunities for education.

So we do need to continue to lobby and advocate for good IT infrastructure and connectivity for remote areas, not only for the health outcomes but also broadly for remote communities in areas such as education and business.

However, we need to have a balance between being protective of personal information and remaining in touch with community: take the best of what technology has to offer but be mindful of the traps.

On that note, I will hand on this next era to CC as he takes on the reins at the end of March.

Geri Malone
Acting CEO, CRANApplus

A strong voice

Christopher Cliffe has taken on yet another role with CRAN*Aplus*. This time he is our CEO.

His history with the organisation goes back to the 90s when Chris, while working as a remote area nurse, was a student in one of the CRAN*Aplus* courses, which then led him to teach numerous Remote Emergency Care courses across the country.

His new appointment as the organisation's CEO tops off an on-going volunteer relationship that finally saw him serve on the Board for nearly 10 years, and as President for seven of those years.

Chris's plans for CRAN*Aplus* on taking on the top job in late March is to expand and grow and build on its substantial reputation, and put forward "a really strong voice for CRAN*Aplus* members."

"I will be looking at how we can further support remote area and isolated health professionals," he said. "Remote healthcare providers are a small part of the health force – but they care for some of the most health disadvantaged people in the country and as such we carry a huge responsibility.

"I am really keen to build on the service we are already providing. We must ensure that CRAN*Aplus* members are the right people, providing the right care, and at the right time.

"One of the areas I am keen to focus on is the Bush Support Service. BSS does a great job, mostly out of the lime-light and we must do all we can to ensure we maintain that essential service and make sure of on-going funding."

During his time as President, Chris helped lead CRAN*Aplus* through constitutional changes to reflect the changing nature of remote health, a complex fiscal environment and a variety of political challenges.

He admitted that one reason for his return, this time as CEO, was that he "did miss the national thrust" that CRAN*Aplus* is part of.

"I am really keen to get on with working with the Board and consolidating its position into the future," he said.

Chris, who grew up near Kapunda in country SA, is an experienced leader in the field of remote health care in Australia.

Chris has led a variety of health care organisations during his career, including as Nursing Director for Remote Health in the Northern Territory, as the inaugural Executive Officer of the National Centre for Quality Improvement in Indigenous Primary Health Care, Manager of Primary Health Care for the Royal Flying Doctors Service in Queensland, and most recently he was Executive Director of Nursing & Midwifery for the Cape York Hospital and Health Service based in Cairns.

Chris also has extensive international experience, having worked for the International Committee of the Red Cross in war and disaster zones in the South of Sudan, Abkhazia, Afghanistan, PNG, Sri Lanka, Bali Bombing, Boxing Day Tsunami and most recently the earthquake in Haiti.

Chris is a passionate nursing advocate and currently holds the position of Deputy chair of the Council of CoNNO (Coalition of National Nursing Organisations) and is also a Ministerial appointee to the National Lead Clinicians Group. ●



We want to hear your stories about remote health practice, and the best will be included in future editions. Editorial submissions, photos and questions about editorial content should be directed to publications@crana.org.au



from the president

2014 will be the year of change for CRANAp^{plus}. In March we warmly welcome our new CEO Christopher Cliffe who is well known to the organisation as a previous past president and a strong advocate for all things remote. I look forward to working with him.

I take this opportunity to also thank Geri Malone for the exceptional work she has done in the Acting CEO role over the past few months. I also welcome a new board member Keith Hunter, an Aboriginal mental health nurse who is currently working in central Australia as part of the NAHRLS workforce. Keith will be taking on Jo Appoo's place on the board until elections in October. Welcome Keith.

In mid-February the Board of Directors met face-to-face in Adelaide to discuss a broad range of issues concerning the governance of the organisation and its strategic direction. One of the main issues resulted from the resignation

of the previous CEO, who was based in Alice Springs, and the appointment of the new CEO, who will be based in Cairns. This required some challenging decisions about the current profile and resources available at the Alice Springs office in line with the reduced corporate presence. There will need to be some staffing changes but the consensus was the importance of a continuing presence in Alice Springs. Over the next few months, more specific operational strategies will be initiated to meet the overall needs of the organisation. We will keep you up to date as things change and unfold.

We also had a presentation at this meeting on the findings of an education review that we commissioned on the internal structure of the education unit of CRANAp^{plus}. As many of you know there is a very high demand for CRANAp^{plus} courses and we wanted to know what structure we required with staffing and workloads in order to make the unit more sustainable in the future to meet this demand.



Board face-to-face, Adelaide 2014.



Photo: SAINTS.

The consultant was very positive about the excellent work that was taking place, our potential for the future and the highly skilled staff we employ. The board will consider the recommendations in the consultant's full report, which is due in the next few weeks.



Some 90 per cent of our membership are nurses and midwives with an interest in remote health. We know that these nurses work in some of the most challenging environments, where there is a high turnover rate, often poor or little orientation or support and the work they do requires advanced and extended skills in working with some of the sickest people in Australia. It is therefore our core business to ensure that we can contribute to the education and support of these nurses from entry level to fellowship, in an effort to improve the health care of remote populations. We are therefore developing a pathway for remote area nurses and midwives and will be investigating the best processes to support them throughout their careers. We will be seeking your input into this process.

Remember to do something nice for yourself every day.

I trust that you have survived the hot summer of extremes, from our flooding rains, drought and cyclones. Keep doing the great work you are all doing and let us know your thoughts about how we can do what we do better. Remember to do something nice for yourself every day.

Kindest regards.

Dr Janie Smith
President, CRANplus ●

new board member



Our newest coopted Board member is **Keith (Bunda) Hunter**, an Aboriginal man born in Sydney (Eora), and ceremonial man of Djuin.

Keith has worked as a health professional for over 20 years, and his experience spans a wide variety of health avenues, including paramedical,

general nursing, mental health nursing, social work, primary health care, Aboriginal health and addiction. He has held managerial and education roles within these areas.

As a Registered Nurse and Social Worker, Keith has extensive experience in managing complex issues and his appointment to various

government and non-government boards (some of which were ministerial appointments) has provided him with invaluable skills in leadership and policy development.

Keith is an adjunct lecturer with the University of Queensland, School of Medicine of Rural Clinical Practice providing education on health practices and treatment of Aboriginal and Torres Strait Islander people. He has also provided mentoring to medical nursing and social work students from several Queensland and interstate Universities.

Keith has a number of academic qualifications in various health fields such as nursing, social work, psychology and addiction. His aim is to eventually gain a PhD in health care. His specific areas of research and clinical practice are within Rural and Remote and Aboriginal and Torres Strait Islander Primary Health Care. ●



Photo: Donna Lamb.

new director for healthinfonet

Professor Neil Drew is the new Director of Edith Cowan University's Australian Indigenous HealthInfoNet commencing on 3 February 2014. Neil has more than 30 years' experience working with a diverse range of Aboriginal and Torres Strait Islander communities and groups, initially in Queensland and more recently in WA.

Now in its 16th year, the award-winning HealthInfoNet is recognised as an important and vital part of the Indigenous health infrastructure providing comprehensive evidence-based freely-accessible knowledge and resources to inform and support health practitioners and policy makers 'close the gap' in health between Aboriginal and Torres Strait Islander people and other Australians.

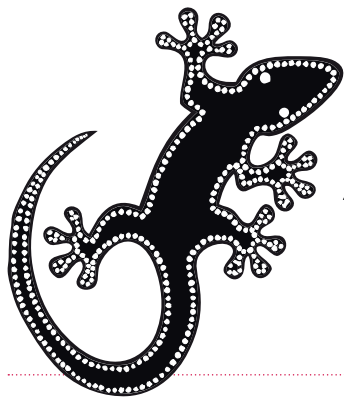
New Director, Professor Neil Drew, has doctoral studies in community psychology. His long-term involvement to the discipline has been of enormous value in his role as program head and co-founder of the Aboriginal Youth and Community Wellbeing Program, which promotes wellness and suicide prevention with young Aboriginal people in the East Kimberley region of WA. In his role as head of that program, Neil has lived in East Kimberley Aboriginal communities for two months each year over the past eight years.

"I have been a front-end user of the HealthInfoNet for many years and it is a great pleasure and honour to assume the role of Director. Professor Neil Thompson, the Foundation Director, and his staff have created an outstanding resource and I am looking forward to the challenge of developing and growing the HealthInfoNet to ensure that it continues to deliver the highest quality outcomes to the Indigenous health sector nationally and internationally."



...award-winning HealthInfoNet is recognised as an important and vital part of the Indigenous health infrastructure...

Neil Drew will also bring to the Director's role substantial experience in the tertiary education sector, most recently with the University of Notre Dame Australia (UNDA) as Foundation Head of Behavioural Science, Dean of Arts and Sciences, and Deputy Head of UNDA's Broome Campus. ●



Australian Indigenous HealthInfoNet

message from rhef ceo helen craig

The Rural Health Education Foundation has now almost completed its winding up and is no longer operating, and the Rural Health Channel is no longer broadcasting. It has not been the easiest thing for us to do and I'd like to take this opportunity to thank all the members of staff who worked hard during the last few weeks to ensure we were able to close down our operations in an orderly fashion.

We were very touched by the many emails, letters and calls from those of you who have watched our programs and used our resources over the years. Your words of appreciation, and sometimes of frustration, meant a lot to the Board, Members and staff.

Many of you also asked how you could access our programs once the Foundation had closed. This has been a key part of our work over the last few weeks.

Although there are still a few details to be finalised regarding TV broadcasting, we can confirm that our many programs that still have currency and relevancy will remain freely and widely accessible to everyone, in line with the Foundation's mission over the years.

To do this...

- We distributed our stock of RHEF DVDs amongst the Rural Clinical Schools, the University Departments of Rural Health, remote and rural Medicare Locals and to

the National Rural Health Students Network. We hope that these will remain accessible to many.

- We setup all our programs so that they are available free and on-demand on Youtube at www.youtube.com/ruralhealthchannel
- We are currently in discussion with a number of broadcasters who wish to utilise and broadcast RHEF programs on free-to-air channels and to health organisations. We will put further details on a notice on the RHEF website which will remain available until the end of April.

We hope that by doing this, our current programs will continue to support the education and professional development of healthcare professionals across Australia.

Although we are sad and disappointed about closing the Foundation and ending our work, the important thing now is that health education continues to be relevant, sufficient and easily accessible to all.

Although we are sad and disappointed about closing the Foundation and ending our work, the important thing now is that health education continues to be relevant, sufficient and easily accessible to all.

As you well know, this is a vital necessity for rural and remote practitioners who have considerably less access to face-to-face and online continuing professional development than do their urban counterparts and is crucial to retaining health professionals in areas of workforce shortage.



Whilst mobile and internet technology has greatly improved access to health education and information for many, we know this is not always the case for those in remote and rural areas. Healthcare practitioners tell us that accessing appropriate education remains difficult and costly, and that closing the Foundation will leave a gap.

Healthcare practitioners tell us that accessing appropriate education remains difficult and costly, and that closing the Foundation will leave a gap.

We hope that this and all future governments work to close this gap, and ensure that those living in our more distant corners are not disadvantaged and receive as good a quality health service as that enjoyed by their city counterparts.

And last but certainly not least, I and all the Board and Staff would like to take this opportunity to sincerely and whole-heartedly thank you – CRANAplus members – and all the amazing and dedicated people and organisations with whom we have had the privilege and pleasure of working over the years.

Thank you for your support, expertise and generosity. We wish you all – and those for whom you work so hard – all the very best in the future.

If you have any queries, please contact the Liquidator Frank Lo Pilato of RSM Bird Cameron Partners on frank.lopilato@rsmi.com.au or on (02) 6217 0300. ●



'alice palace' round up

Throughout 1991–1993, many wonderful nurses and allied health personnel staffed Alice Springs Health Services. We were a diverse group of people from many places in Australia and overseas, however, we formed firm friendships and had biggest mobs of fun together.

Twenty-two years on, many of us keep in touch with various folk from those days/ years and I thought it would be a wonderful experience to round up the mob and have some more fun times!

Arrangements are in place to meet in Cairns on 5, 6 and 7 July this year.

Many people have been notified and made arrangements to be there, including Karen (nee Milne) who will travel from Scotland.

Please contact Rosetta Smith, email oneheart@westnet.com.au or phone 0424 738 409 for details, including accommodation options.

We look forward to cadjup! ●

pēpi pods

A woman my mum knew had had her first baby. She told my mum she was co-sleeping with her baby because cot death, as its name suggests, takes place in cots.

This is just one example of the complexity of defining safe sleeping places for infants.

While the name cot death has been largely superseded by SIDS (Sudden Infant Death Syndrome), itself one category of SUDI (Sudden Unexpected Death in Infancy), the reality of babies dying in their sleep due to suffocation, overheating or from unknown causes continues.

Today's safe sleeping recommendations (pioneered by the UK's Professor Fleming in the early 1990s, whose British Back to Sleep Campaign reduced the incidence of SUDI by 50 percent) are cot based: babies should sleep on their back, at the bottom of the cot, under a firmly tucked in sheet or light blanket in a smoke free environment. The cot should be free of pillows, bumpers, doonas and toys which pose a suffocation risk.

These recommendations exist to reduce the risk of a baby overheating, suffocating or being exposed to smoke all of which can increase the risk of SUDI. Despite this, many parents, for a range of reasons (from a fear of "cot" death to a desire to be as close as they can to their child) choose to co-sleep with their baby.

A new information gap was identified – we know how to keep babies in cots safe, but what if babies aren't in cots?

A possible solution to the co-sleeping/safe sleeping place question emerged out of the 2011 Christchurch earthquake.

New Zealand's Māori community have historically had a higher incidence of SUDI than the mainstream population. In response, researchers led by Stephanie Cowan, Director for Change for our Children, developed the Pēpi-pod (Pēpi means baby in Māori), a safe sleep space.

The Pēpi-pod is a clear plastic storage box with a soft fabric liner, waterproof mattress and baby linen. The pod is placed on the adult bed and the baby sleeps on its back in the pod, allowing baby to stay close to his or her parents but in their own safe sleeping place.

The Pēpi-pod program was under development when the Christchurch earthquake hit. Suddenly thousands of Christchurch babies had nowhere to sleep. Over 640 pods were given out to displaced families. People even started sewing circles to make the pod liners.

The pod is placed on the adult bed and the baby sleeps on its back in the pod, allowing baby to stay close to his or her parents but in their own safe sleeping place.

"This program draws on the strong bonds that exist within communities. The Pēpi-pod program has three interlinked parts – a safe sleep space which is embedded in safe sleeping health promotion, combined with a family commitment to share the safe sleeping messages with their social network," says Professor Jeanine Young, who is running Sunshine Coast University's study into the feasibility, acceptability and efficacy of rolling out the pods in Aboriginal and Torres Strait Island communities in collaboration with Queensland Health and non-governmental health agencies.

"This initiative moves from the problem of vulnerable babies in high-risk environments (such as co-sleeping with parents who are smokers), to a solution focused strategy that supports a chosen parenting strategy that meets baby and parent need for closeness, while providing physical protection for the baby, that enables a safer sleep environment."



After the earthquake, the New Zealand government sponsored around 4000 pods which were distributed to vulnerable Māori families during 2011–2012. Statistics NZ reported a record low for infant mortality in 2012 with the greatest drop seen for Māori babies (from 123 to 82); a rate reduction from 7 per 1000 to 4.7 per 1000, closing the gap between Māori and non-Māori for total infant mortality rates (4.7 vs 4.0 per 1000 live births).

Dr Young says the findings were so extraordinary that she wanted to see if they could be replicated amongst Aboriginal and Torres Strait Island communities which have similar risk factors to Māori communities (antenatal smoking, low birth weight and prematurely born babies, health – compromised babies and higher rates of co-sleeping and parental smoking) and similar rates of SUDI.

A pilot study took place in Logan, Townsville and Woorabinda in late 2013. The results were promising and now a two-year study is taking place in Cape York in collaboration with Apunipima Cape York Health Council, an Aboriginal Community Controlled Health Organisation, which provides comprehensive primary health care to 11 Cape York communities.

“Around 300 pods will go out to Aboriginal and Torres Strait Islander families with new babies, who are considered vulnerable, including those born preterm, of low birth weight and those who have been exposed to smoking during pregnancy and after birth,” says Leanne Craigie, Indigenous Health Promotion Officer and project officer for this study.

“We are trying to answer several questions in this study, are Pēpi-pods feasible in an Australian



Photo: Juliana Doupe



Photo: Juliana Doupe

context, will families find them acceptable, and if so, can we achieve similar success to New Zealand in lowering infant mortality for Queensland babies?”

Once the study is completed, the findings will be shared with senior Queensland health stakeholders including the State Coroner, the Commission Children and Young People and Child Guardian and SIDS and Kids Queensland.

“Eventually our findings will go to the Minister for Health,” says Dr Young, “and we hope, if they are as positive as we expect, that a state-wide program will be funded and usage written into policy.

Juliana Doupe
Apunipima Cape York Health Council ●

NEW FROM
PENGUIN
AUSTRALIA



NURSES OF THE OUTBACK

15 AMAZING LIVES IN
REMOTE AREA NURSING

Annabelle Brayley

RRP: \$29.99

Publication date: 26 March 2014

'The nurses in these stories are without exception courageous, adventurous, strong, reliable and responsible nurturers of the people of the outback. They are also innovative, dedicated, well qualified and highly experienced.'

Join former nurse turned storyteller **Annabelle Brayley** as she meets fifteen awe-inspiring people as they share their experiences of remote area nursing, complete with the challenges, triumphs and tragedies.

From some of the most remote places on the earth, these stories bring the outback to life – we witness the harshness and isolation as well as the camaraderie in small towns in the middle of nowhere. From Bidadanga to Broken Hill, from Mount Isa to Marree, these moving and often breath taking tales are full of gutsy feats and classic outback spirit.

In **NURSES OF THE OUTBACK** we meet Anna, who is on duty in Georgetown as the fury of Cyclone Yasi tears through inland North Queensland; Maureen in outback New South Wales who faces everything from a snakebite to a helicopter crash; Aggie, who overcomes her demons to help young people in the Kimberley; and Catherine, newly graduated and determined to make a difference in the Gulf Country.

SUNDAY 12 MAY 2014 IS INTERNATIONAL NURSES DAY

Having trained herself **Annabelle Brayley** knows exactly what it takes to be a nurse in the outback. She believes *'true nurses are called to their profession, even though many of them don't necessarily recognise the initial summons.'* When Annabelle decided to retire from healthcare to pursue her passion for storytelling it wasn't hard to find inspiration amongst the intrepid and spirited people of the inland. As a regular contributor to *RM Williams OUTBACK* magazine, Annabelle frequently tells the stories of people who live and work in the bush. She is well respected for her reputation for accuracy, honesty and sensitivity that enables people to tell their stories without fear of prejudice or sensationalism. **NURSES OF THE OUTBACK** is Annabelle's second book following **BUSH NURSES** published by Penguin in 2013.

For further information please contact Rhian Davies, Publicist, Penguin Group (Australia) on 03 9811 2509 or rhian.davies@au.penguingroup.com



a remote model of nursing and midwifery care

The nursing and midwifery leadership team at Cape York Hospital and Health Service (HHS) were keen to ensure that the vital role we play within our remote health service was clearly articulated, thereby providing a framework of practice for new nurses and midwives to the service.

Cape York HHS delivers comprehensive primary health and sub-acute care services through a network of remote hospitals and remote primary health centres. Our outreach and specialist services are provided in partnership with Apunipima, RFDS and the Cairns & Hinterland HHS. The facilities we run include two multipurpose hospitals, ten primary health care centres and a regional office in Cairns.

The diagram overleaf illustrates the frameworks that support our roles, the nursing and midwifery positions that we employ and the lenses by which we deliver our care.

Cape York HHS delivers comprehensive primary health and sub-acute care services through a network of remote hospitals and remote primary health centres.

It acknowledges that nurses and midwives work across service delivery, management and strategy. ►►



Cape York Directors of Nursing and Midwifery – Before (inset) and the moment they thought the camera wasn't on! (main photo). Left to right: Craig Egan (Cooktown) Brenda Close (Weipa & Napranum), Josh Stafford (Aurukun & Mapoon), Vikki Jackson (Lockhart River & Coen), Pete Fenton (Hopevale, Wujal Wujal & Laura), Christopher Cliffe (Executive DON&M), Vince Connellan (Kowanyama & Pormpuraaw).

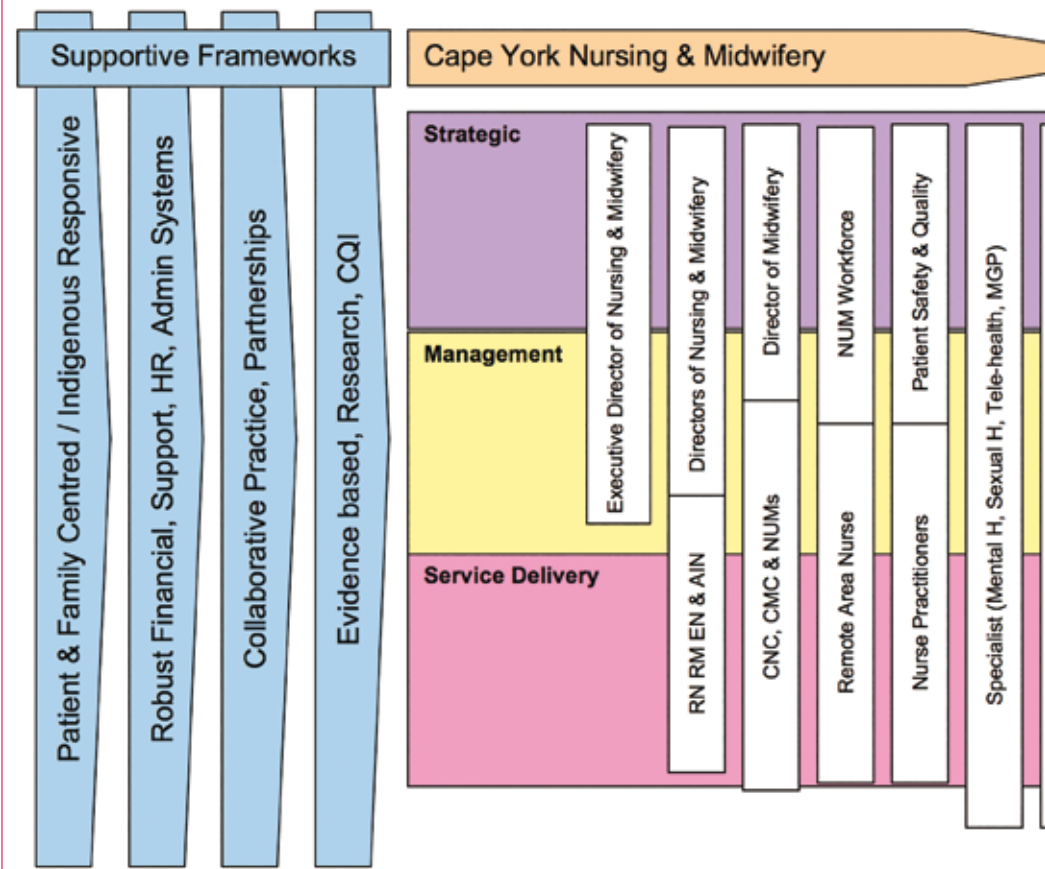
► In addition to our organisational requirements, we as a diverse professional community of practice wanted to clearly outline the values that govern our nursing and midwifery practice, these being:

- Always working from a nursing and midwifery paradigm
- Always autonomous, accountable and self-directed
- Always providing equity of access to quality care
- Always having the best interests of our clients/communities at heart

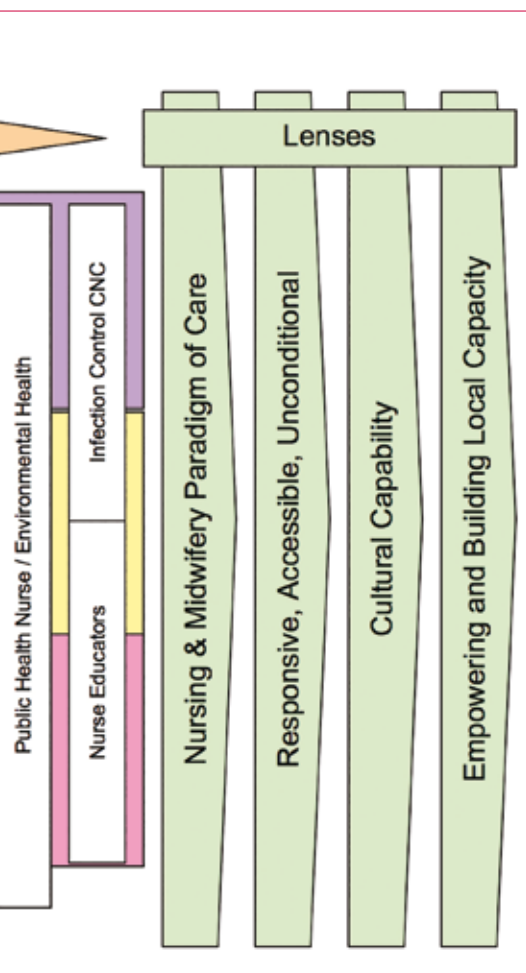
- Always working within a collaboratively supportive network
- Always being approachable, professional and passionate about what we do
- Always being culturally sensitive, non-judgemental and exercising unconditional positive regard

Although we are a large part of the workforce, being geographically and professionally diverse with capacity to recruit passionate clinicians, we still must address our risks if we want to future-proof our services.

The model of Nursing and Midwifery care in Cape York:



Although we are a large part of the workforce, being geographically and professionally diverse with capacity to recruit passionate clinicians, we still must address our risks if we want to future-proof our services.



We are an aging workforce, with minimal capacity to support students and new graduates due to transport costs and a lack of housing/accommodation (no shock to many of you out there I'm sure). There remain barriers to excellence and innovation in nursing and midwifery care: change/restructure fatigue, a propensity to slide from a comprehensive to a medical model of care, and limited ability for nurse and midwifery roles to self-generate adequate income.

Six of the key objectives of our nursing and midwifery plan, (with a number of innovative strategies below each objective) for Cape York HHS to improve our services are:

1. Ensuring the organisational **culture** meets the needs of our workforce and customers
2. Ensuring that our workforce is appropriately **educated** and **orientated**
3. That the workforce is **safe**
4. That **quality and evidence** is fundamental to nursing and midwifery practice
5. That we **recruit** the right people and **retain** our existing workforce
6. That we actively **future-proof** our nursing and midwifery services

Cape York HHS is currently entering into an amalgamation with our neighbouring Torres Strait-Northern Peninsula HHS and this provides for some challenges, but also some wonderful opportunities. As nurses and midwives we need to ensure that we are on the front foot with such reforms and can clearly articulate the importance of our roles in remote health service delivery. I'll end on a quote at last year's ICN Congress as a stark reminder of the weight of responsibility we carry as a professional group... *"87% of healthcare across the world is provided by nurses and nurse-midwives"* Dr Leslie Mancuso, CEO JHPIEGO John Hopkin, 2013.

Christopher Cliffe RN DipN MPH GCert(Rural Leadership) JP
Executive Director of Nursing and Midwifery
Cape York HHS
Member National Lead Clinicians Group
Deputy Chair Coalition of National Nursing Organisations ●

good news on hpv protection

Illustrative campaign helps spread the word
on free vaccinations!

**HPV
and me**
My health, my future

This HPV
vaccination is
not just for
girls, but us
fellas too.

That's right cuz,
and make sure you
get your parents to
say 'yes' and sign
the consent form.

More information is available at
australia.gov.au/hpv
or freecall 1800 671 811*

*Charges may apply for calls from mobiles.

Australian Government

IMMUNE
NATIONAL PROGRAM
© 2011 Australian, State and
Territory Government's initiative

It's not often we get good news about cancer, but there's good news about HPV. The free Human Papillomavirus (HPV) vaccinations being rolled out in schools give young Aboriginal and Torres Strait Islander males and females the chance at the best possible protection from HPV-related cancers and disease.

And there's a great set of resources that have been developed in consultation with Indigenous communities and Indigenous health professionals to help spread the word.

These include a comic for young males and females, as well as posters, a flyer, audio translations and digital resources, and are available for download from australia.gov.au/hpv

The comic book *HPV and Me – My Health, My Future* has a specific 'boys' story and 'girls' story and focuses on the lives of two 13 year olds, Wes and Bianca.

The comic follows Wes and Bianca's journeys as they find out more about the HPV vaccination and, with the consent of their parents, decide to have the vaccine.

The comic follows Wes and Bianca's journeys as they find out more about the HPV vaccination and, with the consent of their parents, decide to have the vaccine. Parent/guardian consent is necessary before young people can get the vaccinations.

Multi ARIA and Deadly Award winner Troy Cassar-Daley makes a cameo appearance in the comic, urging young Indigenous people to get their HPV vaccination.

HPV and Me – My Health, My Future is not only a great resource for anyone wanting to know more about the HPV vaccination, but also an engaging story about the importance of looking after your health and setting goals for the future.

It is hoped that the resources will engage the community, informing young people, parents and guardians, and encouraging parental consent for the vaccinations.

HPV is a common virus that affects men and women. It can cause cancers and genital warts in both males and females.

HPV can be passed from one person to another person through sexual contact. It usually doesn't cause symptoms so people infected with the virus may not know they have it.

Many types of HPV infection can be prevented by vaccination. The HPV vaccination program in schools has been successful in lowering rates of genital warts, and early results suggest it will lead to lower rates of cervical and other cancers that affect males and females.

The HPV vaccine is available free in schools including to young Indigenous males and females aged 12–13 years to protect against cancers and disease caused by the HPV virus. In some remote areas, the vaccine will also be available in community health clinics.

Males aged 14–15 years are also able to get the free HPV vaccine until the end of 2014 as part of a catch-up program.

The vaccine is given by qualified immunisation providers. For full protection against HPV-related cancers and disease, three doses of the HPV vaccine are needed over six months.

The vaccine has been tested to make sure it's safe for young males and females and more than 7 million doses have been distributed in Australia to date.

If you want to know more about the HPV vaccination program, head to australia.gov.au/hpv and then to the Indigenous website where you can order your free copy of the comic and download the resources for Aboriginal and Torres Strait Islander people. ●

Register now

A Short Course on Immunology and Immunisation for Nurses



- is a comprehensive education program for any nurse involved in delivering immunisation
- is an approved program of study leading to authorisation for Registered Nurses in SA and WA
- is endorsed by the Australian College of Nursing and attracts 40 CPD points
- must be completed within 20 weeks from the date of Registration
- can be purchased for \$198

Modules	Course outline
Module 1: Why we immunise, Microbiology, Immunology and vaccines	Describes the fundamentals of microbiology and immunology, provides a foundation for further understanding of the disease process, chain of infection, vaccine development and how vaccines work
Module 2: Vaccine preventable diseases and associated vaccines available in the National Immunisation Program (NIP)	Provides a framework for understanding vaccine preventable diseases and vaccines provided on the NIP. These include: <ol style="list-style-type: none">1. Measles, mumps and rubella disease and live vaccines2. Varicella and rotavirus disease and live vaccines3. Polio and hepatitis A disease and whole inactivated vaccines4. Diphtheria and tetanus disease and toxoid vaccines5. Pertussis and influenza disease and subunit vaccines6. Meningococcal, pneumococcal and Haemophilus influenzae type B disease and conjugate/polysaccharide vaccines7. Hepatitis B and human papillomavirus disease and recombinant subunit vaccines
Module 3: Aboriginal people and other groups with special vaccination requirements	Introduces specific groups that are at higher risk of some vaccine preventable diseases. The groups include: <ol style="list-style-type: none">1. Aboriginal and Torres Strait Islander people2. pregnant women3. preterm babies,4. immunocompromised individuals5. those at occupational risk, and6. newly-arrived refugees
Module 4: Legislation and risk communication	Describes the legislative requirements relevant to clinical practice and how to effectively communicate risk
Module 5: Delivering an immunisation service	Provides the minimal requirements necessary to deliver a high quality and safe immunisation service including: <ol style="list-style-type: none">1. Vaccine cold chain management2. Vaccine safety3. Delivering an immunisation service

<http://sahealthimmunisation.e3learning.com.au/>

scholarship programme

The CRANApus Undergraduate Remote Placement scholarships are open!

Each edition recipients of the CRANApus Undergraduate Remote Placement Scholarships share stories of their experiences. As you will read in the following pages these are all positive experiences for the students who come from a range of health disciplines and the experience has seen changes in their focus and perceptions of work in this sector.

About the program

Every year since 2003, CRANApus has offered \$1000 scholarships to assist students to experience health service delivery in a remote location.

The scholarship program specifically targets undergraduate students studying in a health discipline at an Australian university who have a genuine interest in remote health.

In 2012/2013 we received over 40 applications from students throughout Australia from a variety of health disciplines, indicating how keen students are to experience working life in remote areas.

Opportunities to work remote are quite limited from many perspectives: the university they are studying at may be a barrier; and the travel costs, especially for students who do not receive any financial assistance, most often prohibitive.

Another challenge can be finding a remote health service that has the capacity and interest in supporting student placement: often it is a lack of resources themselves that prevents them from being able to offer adequate supervision.

We know the importance of a positive clinical placement experience and the impact that can have on a health professionals' career path. We also know that the success of clinical placement is based on many factors and it is

why CRANApus supports the approach of the National Health Rural Students Network (NRHSN) who recently developed their document "Optimising Rural Placements Guidelines".

This document, endorsed by CRANApus, identifies criteria that needs to be met both by the student and the hosting location.

The purpose of the scholarships is to assist with the cost of travel, meals and accommodation, which may be incurred when undertaking such a placement. The scholarship does not cover loss of wages, University fees or textbooks.

In 2012/2013 we received over 40 applications from students throughout Australia from a variety of health disciplines...

Eligibility for our Scholarships includes CRANApus membership and membership of a Rural Health Club www.nrhsn.org.au

The Scholarship application form can be found at www.crana.org.au

Are you inspired?

After inspirational presentations by students at our national Conference, member/delegates and exhibitors offered to sponsor scholarships in 2014 to give more students this wonderful opportunity for a first-hand experience in remote.

If you think you would like to sponsor a scholarship, you can contact Anne-Marie Borchers, Scholarship Administrator (scholarships@crana.org.au) to discuss the options.

CRANApus has DGR status (Designated Gift Recipient) and any donations over \$2 are tax deductible. ●

a great opportunity

A stint at One Arm Point, about 200 kilometres north of Broome on the Dampier Peninsula, has reinforced nursing student Rory McGrath-Swan's aspiration to one day 'go remote'.

Rory, a 3rd Year Bachelor of Nursing Student at UniSA, outlines here what he learned on his recent placement. And it's a lot more than fishing!

It didn't take me long to accept a placement at the Northern and Remote Country Health Service in the community of One Arm Point. I knew it would be a great opportunity to not only further my learning in yet another area of nursing but to spend time in what I consider to be one of Australia's most unique and beautiful regions, the Kimberleys.

A visit back in 2008 to the Indigenous community of Tjuntjuntjara in remote Western Australia and a stint living in Western Australia's far northern town of Kununurra stirred my interest in rural/remote health and more specifically in areas where Indigenous people make up a significant

proportion of the population. On these trips, I was exposed not only to the lifestyle of Australia's rural towns and communities, but to the complexities of Indigenous health and health delivery in remote areas.

Since starting my nursing studies at the University of South Australia in 2011, I have maintained a keen interest in Indigenous health and have remained eager to practice as a nurse within rural and remote settings in Australia. So, as my final placement approached, I began to think of ways to make it the most beneficial and exciting experience possible. I knew several people who had managed to gain placements in remote locations and could think of nothing more exciting than to conclude my final placement in a remote community.

After numerous phone calls and emails, I was lucky enough to be offered the placement at One Arm Point, a beautiful community surrounded by what can only be described as a postcard-perfect coastline. The chance to work in this remote setting gave me the chance to learn





a great deal about what is required of remote nurses in all regards. Furthermore it was also a fantastic chance to immerse myself as much as possible in the local community and all that this has to offer: a great deal of which revolves around fishing!

...it was also a fantastic chance to immerse myself as much as possible in the local community and all that this has to offer: a great deal of which revolves around fishing!

Perhaps most significant in terms of exposure for myself was learning so much about the dynamics of not only the community clinic but also the community itself. Due to the size of the community, just 300–400 people, relationships both inter-professional and casual often overlap. This particular characteristic, unique to working

in rural or remote areas, creates a very particular working and living environment that we can be unaccustomed to when coming from the more urban areas of the country.

At the clinic I was lucky enough to be working with two highly competent nurses who hold a wealth of knowledge in regards to clinical nursing in remote locations. If there was one thing that this experience imparted on me, it was the responsibilities that are placed on the remote nurse. Without doctors or other allied health professionals present on a daily or regular basis, remote nurses must function with an increased independence. With this increase in independence comes a huge increase in responsibility. I left this placement with the understanding that to be a remote nurse there are certain expectations in place regarding knowledge and skills – often far vaster than for their counterparts in the urban environment.

To be an effective and efficient remote nurse is a great aspiration and I look forward to giving it a shot one day. ●

wugularr exceeds expectations

Connie Hierl, a 3rd year Bachelor of Nursing student at Griffith University in Southport, has discovered firsthand how nurses working in remote areas need to be flexible in an ever-changing environment. This is her student scholarship report following her placement at Beswick (Wugularr) in the Northern Territory.

Having learnt about indigenous health and primary healthcare within my nursing degree, I was familiar with the issues of health disparities and the factors that affect the health and wellbeing in this population.



However, I did not realise how invaluable my experience in a remote community setting would be. I recently completed my two-week student-nursing placement in Beswick (Wugularr) in the Northern Territory, a small indigenous community 110 kilometres south-east of Katherine.

Being able to consolidate theory into practice has enriched my understanding of primary healthcare; and the importance of partnerships amongst the primary healthcare team, allied health and outreach services.

In addition, the people were very welcoming and I found that indigenous folk have an admirable openness and non-judgemental nature; I instantly felt a strong sense of community spirit and bond between family and land.

Being able to consolidate theory into practice has enriched my understanding of primary healthcare...

As a result, my placement has been truly invaluable, both on a personal and professional level.

The remote area nurses at the Beswick Health Centre, a community-controlled Sunrise Health Service predominantly facilitated my learning. These nurses were inspirational. Their clinical expertise, awareness and value of indigenous culture along with their desire to optimise health and wellness within their community was displayed with each and every client encounter, hence contributing to closing the gap between indigenous and non-indigenous Australians.

Through their guidance and support I feel more confident and competent in my clinical and assessment skills, and was able to experience many new learning opportunities that cannot

be obtained in an acute setting. Within a remote setting, nurses are more autonomous and need to be flexible in an ever-changing environment. I found this aspect of remote nursing extremely interesting as I was able to consult with different age groups, ranging from assessing the development of an infant to the complexities of chronic disease processes in older age groups.

Within a remote setting, nurses are more autonomous and need to be flexible in an ever-changing environment.

Within this time I was also fortunate enough to be present during health screenings and consultations by visiting healthcare professionals.

A visiting midwife from the town of Katherine taught me the importance of physical, mental, social and environmental assessments during the antenatal period and the value of health education with the use of culturally appropriate learning tools. I learnt about the implications of middle ear and throat infections from the Ear, Nose and Throat team and how they assess for hearing loss in adults and children, and gained insight into the important role of the Volatile Substance Abuse team.

I also gained some insight into indigenous culture (only scratching the surface) by talking to the Aboriginal Health Practitioners and community members, and I felt privileged to personally meet one of Wugularr's most famous artists.

I would like to extend a warm thank you to Sunrise Health Services for facilitating this awesome learning experience and to CRANAplus for my remote scholarship, which has helped me to afford such a wonderful experience. It will forever be ingrained in my memory. I strongly recommend students pursue a remote placement such as this; the experience has enriched my knowledge and exceeded my expectations. ●



Photo: Steve Batten.

exciting challenges

Joseph Monteith, a 3rd Year medical student at St Vincent's Clinical School, University of Melbourne, intends to work as a doctor in remote Australia following his general practice rotation in Katherine in the NT.

My general practice rotation in Katherine was one of (if not THE) best experiences of my medical degree. Every day brought a new and exciting challenge within my general practice, but also on weekends. I was warmly welcomed into the community from the very first week. I loved every moment and the five weeks flew by.

I worked in a busy general practice and was lucky enough to have my own consulting room. I consulted many patients under the guidance of my GP supervisor for a whole range of presentations like tropical infectious diseases, mental health issues, musculoskeletal injuries,

minor procedures, antenatal care, substance abuse and other chronic diseases. I got a taste of practicing in remote Australia – the good and the bad. These talented doctors rely heavily on clinical judgement and experience to guide clinical decisions, often due to lack of resources or poor access to health services such as pathology.

I felt deeply saddened at the substance abuse and chronic diseases that the Aboriginal community was affected by.

I regrettably have to say that health care in remote Australia has a long way to go, particularly Aboriginal health services. I felt deeply saddened at the substance abuse



and chronic diseases that the Aboriginal community was affected by. These experiences have confirmed that I will be returning to remote Australia to practice as a doctor.

As health professionals, we really have a lot of work to do in remote Australia. We should be encouraging more health students to get firsthand experience in the challenges and satisfaction that remote health care brings.

**As health professionals,
we really have a lot of work
to do in remote Australia.**

I was fortunate enough to visit local schools and also local Aboriginal communities during my time in the Top End as well. Both of these experiences were extremely eye-opening.

The teachers in Katherine are extremely dedicated, resourceful and passionate. They definitely don't get paid enough!

**The landscapes are
incredible and you wouldn't
find anything similar in
any other country.**

My weekends were spent exploring the surrounding area. The landscapes are incredible and you wouldn't find anything similar in any other country. Being a Melbourne boy myself – there was no way I could have prepared myself for the heat of Katherine. I spent lots of time hiking, swimming in gorges, kayaking in the Katherine Gorge and I got to meet lots of the new professionals living in Katherine. ►►





» Key facts about Katherine:

- Home to the largest ice-creamery in the NT
- There are no surgeons, or many specialists for that matter
- The Woolworths apparently has the highest turn over in Australia!
- There are no female GPs currently
- Katherine Hospital services an area of 340 000 km²
- Katherine is a shared land of the Jawoyn people and Wardaman people
- Things not to forget to pack: sunscreen, swimmers, thongs, a hat, comfortable walking shoes, shorts

Joseph is the Vice-President of the University of Melbourne Medical Students' Society, President of the University of Melbourne's Interprofessional Education and Practice Student Council and is the incoming National Chair of the General Practice Students' Network for 2014.

I'd like to thank CRANApus for the support of the Undergraduate Remote Placement Scholarship. Though I'd encourage all medical students to experience remote Australia for at least one rotation, the cost of the placement might deter some. Without the scholarship I wouldn't have been able to experience Katherine and the surrounding area to the fullest. ●

irreplaceable experience

Her rural placement has provided invaluable experience with a diverse and complex range of clients, says Mikala Gerloff, a 4th year Speech Pathology student at Flinders University. This is what she has to say following her placement with Port Augusta and Regional Health Services.

Following completion of my final placement in Port Augusta, I can definitely say it has been the most enjoyable 10 weeks of my speech pathology degree.

I was working within the Health SA system at Port Augusta covering adults and paediatrics in outpatients, inpatients, rehab and outreach (Leigh Creek). Over my placement I covered almost every single clinical area of practice. I have gained so much knowledge and seen some extremely interesting clients with some really challenging caseloads.

I got to see clients covering areas such as voice, fluency (stuttering), language, speech, AAC and swallowing and I really enjoyed the diversity and challenges the placement brought me.

Throughout my placement my confidence has grown and my performance level has been really high. This is all thanks to my educators, who were incredibly supportive...

Across my placement I was lucky enough to attend Leigh Creek four times with the Royal Flying Doctor Service. This was definitely a highlight of my placement: going out to a community, and having a full day of clients who all rock up, with really motivated parents!

Throughout my placement my confidence has grown and my performance level has been really high. This is all thanks to my educators, who were incredibly supportive and so helpful. They also went out of their way to help me fit in socially as well as help me with applications and anything else I needed.

This placement has made me realise that all this hard work for the past four years is really worth it because this is exactly what I want to do! I really did struggle to believe in myself and my skills before this placement, but the confidence I have gained is huge.

I believe everyone should have a rural placement to experience the diversity and complex clients you are provided with. If anyone has an opportunity to attend a rural placement I suggest you take it. The learning experiences I gained are irreplaceable.

I feel that I have been so narrow minded all my life and judgemental of Port Augusta, I thought I could never see myself even enjoying the placement but after working in the health setting there, it is most definitely a place I could see myself working in the future. I do not know where I'll be next year but I do hope I will be working in the country somewhere. ●



Photo: Donna Lamb

a positive experience

Ankur Verma, a 2nd Year Physiotherapy Student at James Cook University in Queensland, says the support and the highly organised planning for his first rural placement – in Emerald, Central Queensland – ensured his experience was a positive one.

The experience in Emerald has given me a detailed perspective into the operation of rural and remote practice, with both the challenges and successes involved.

On leaving the Emerald hospital, I have a renewed vision and goal to work as a rural generalist physiotherapist. This would not have been possible without CRANAp^{lus} support and financial assistance. Thanks to Panda Pearls for sponsoring my scholarship and CRANAp^{lus} for giving me this opportunity.

On my first day in the Emerald Base Hospital I was warmly welcomed by the hospital staff including doctors, nurses and allied health staff. My first week of placement included working with a physiotherapist and other allied health and medical team members including a social worker, doctors, SMOs, nurses, occupational therapist, speech pathologist and dietician. I gained an understanding of their roles, their ways of patient assessment and their application of a multidisciplinary approach to reach client outcomes.

It didn't take me long to appreciate the complexities of working as a health professional in rural communities: to watch one physiotherapist at the hospital undertaking administration, patients' chart management, attending appointments, seeing inpatients and outpatients, attending to referrals from a range of communities like Blackwater, Capella, Gemfields, Springsure, Rolleston – and having me as a student on top of all other responsibilities – was an eye opener.

The work situation in the Central Highlands region, where the mining industry in particular is facing job losses and increased pressures on workers, fitted well with patient presentations at

both the hospital and in the private clinic setting. Complexity of cases that I observed ranged from an abundance of shoulder pains, knee injuries, limited sciatic pains, burns, pneumonia, lumbar pains, spinal stenosis, post-operative patients who had pressures to get back to work by their employers, causing agony in their work and personal life. Another challenging experience faced by many clinicians was the distances that their clients were travelling, which meant that the appointment charter had to be flexible to incorporate the unknown timing of patients' arrival, or cancellations if patients couldn't make it into Emerald.

Another challenging experience faced by many clinicians was the distances that their clients were travelling...

Throughout my time in the hospital, I developed a range of skills starting from attending to the clients at the waiting door till the end of the consultation. Skills such as being an active listener, repeating your subjective examination to the patient, thus reconfirming details in order to avoid the risk of missing relevant information, creating client charts as you go, practicing an effective intervention that is mainly client-focused and referring to the determinants of health that matter most to your clients. These were a few learning objectives to which the physiotherapist continually referred. It made me see that clinical practice is a holistic approach, more than just treating the signs and symptoms.

Ankur Verma is a 2nd Year Physiotherapy Student at James Cook University, Senior Allied Health Representative (RHINO – RHC) at James Cook University and Junior NRHSN Allied Health Representative for the National Rural Health Students' Network.

In my second week, I was guided in the process of patient discharge: for example, the decision-making process on whether home care for Geriatric ward clients or other eligible clients is an option under the transition care program (TCP). The process followed was systematic and required input from a range of allied health disciplines to determine whether or not the client was suitably independent for this program.

My favourite area within the physiotherapy discipline at the hospital was attending the burns unit, and working with cardio-respiratory and paediatrics clients.

My entire two-week placement was a positive experience. This was only possible because I had an integration pathway and student liaison officer supporting me at all times; starting from

organising the placement to the day of handing over the accommodation keys.

I believe this was a classic example of an organised placement, following the National Rural Health Students Network 'Optimising rural placement' guidelines. As a Junior Allied Health NRHSN representative and a Senior Allied Health RHC (Rural health club) representative for RHINO, James Cook University, it was pleasing and inspiring for me to have access to the support network that was provided by the student liaison officer.

I will definitely be speaking to other students and networks about having access to this document from the CRANAplus website, which outlines all the necessary steps to experiencing a successful placement. ●

Editors note: You will find the guidelines on our website www.crana.org.au and go to the 'advocacy' tab.



Photo: Glen Bovey.

Photo competition contributor: Glen Bovey is DON of Springsure Hospital in the Central Highlands of QLD. Relocating from Brisbane with his wife, a Midwife and Child Health Nurse in Emerald, and family. "Our two daughters aged 9 and 13 are loving the open spaces, fishing, camping, bushwalking and ask me to stop the vehicle so they can take in sunsets! We were impressed to sit in silence together watching the sunset as the clouds rolled in." says Glen.



why advertise with CRAN*Aplus*?

**It makes sense that it is no use
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CRAN*Aplus* is the only organisation with remote health as our sole focus. Our extensive membership and stakeholder database means CRAN*Aplus* is uniquely placed to reach Australia's remote health professionals.

CRAN*Aplus* offers several advertising options at very competitive rates:

1. The CRAN*Aplus* Magazine – The voice of remote health

"I read it cover to cover." Is a statement we hear again and again from our readers.

Currently our quarterly publication enjoys a circulation of 15,000 copies each quarter (and growing). It reaches those who are passionate about remote health in Australia.

Our beautiful design provides a quality environment for your ad. We are a content-rich publication, so yours will not get lost in a sea of other ads.

Our print publication is supported by website resources. Each issue is online in perpetuity with your ad just as it appears on the printed page.

2. The CRAN*Aplus* Website – www.crana.org.au

Our newly designed website offers organisations the opportunity to advertise career vacancies in a dedicated Employment section. Your logo, text (up to 500 words) and contact details are displayed.

Repeat advertisers have reported successful, value for money, results as we reach that niche group of health professionals most suited to their remote health sector needs.

Your website advertising is reinforced as your employment vacancies will be drawn to the attention of our weekly e-Newsletter readers who are encouraged to check out this area of our website.

3. The 'Friday Update' – weekly e-Newsletter

Forwarded to over 6,000 recipients 50 weeks of the year, this is an excellent vehicle to get your message out to our readers promptly. Organisations advertising career

opportunities on our website have their message brought to the attention of our readers and find the combination of website and e-Newsletter advertising an effective method to advertise time sensitive career vacancies.

If you have an event you would like to list in our e-Newsletter please contact us and we will place your event for free.

You can view our rates, artwork specifications and contact details below for more information. ●

advertising rates

Standard rates

		One issue	2 issues (- 10%)	3 Issues (- 15%)	4 Issues (- 20%)
Full page	Type: 128mm W x 183mm H Trim: 148mm W x 210mm H Bleed: 154mm W x 216mm H	1,600	2,880	4,080	5,120
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		15,000 single-sided	15,000 double-sided
Full size	Trim: 148mm W x 210mm H Artwork must be supplied	1,500	2,000

*Discounts apply to consecutive issues only.

Magazine is printed in A5 format. Other advertising sizes can be negotiated.

Note: Centre spread is available from next issue. Back cover is unavailable until December 2014.

*Corporate members receive further discount on these rates. Contact memberservices@crana.org.au for further information.

Publication Dates: March, June, September, and December

Submission Dates: First day of February, May, August and November

Rates are in AUD\$ and are inclusive of GST. All artwork to be submitted by close of business on the published deadline date.

Full colour ads to be submitted in high resolution PDF format with all fonts embedded and all colours separated into CMYK. ●

CRANaplus corporate members



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



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



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.



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



Government of Western Australia
WA Country Health Service

WA Country Health Services – Kimberley Population Health Unit – working together for a healthier country WA.



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



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



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



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



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HESTA is the industry super fund for health and community services. Since 1987, HESTA has grown to become the largest super fund dedicated to this industry. Today we serve more than 760,000 members and 119,000 employers.



Mt Gibson Iron Ltd – Koolan Iron Operations

Koolan Island is an iron ore mine site on one of 800 islands in the Buccaneer Archipelago in Yampi Sound, off the Kimberley coast of Western Australia. Approximately 400 people are employed and all are FIFO (Fly-in/Fly-out) workers.



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).



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



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



The Northern Territory Medicare Local (NTML) is committed to achieving an equitable, comprehensive primary health care system, driven by community needs, to improve the health and wellbeing of all Territorians.



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



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



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



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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 and Remote Nursing Solutions provides flexible, responsive, high-quality and alternative nursing solutions for their clients.



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, 680km north-east of Kalgoorlie in the Great Victoria Desert region of Western Australia.



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.



Photo: Alison Fort.

**Are you a Primary Health
Care Professional
working in the NT?**

We are here to help.



Education and Training

The NTML offers education and training events around the Territory to primary health care professionals.

Grants are available for GPs, allied health professionals and nurses to attend education and training events. Grants can be used towards course costs, travel and accommodation.

Compass Conference and Family Support Weekend

Held twice annually in Darwin and Alice Springs Compass allows GPs and their families to head into town for some well needed rest and relaxation, networking opportunities and education and training.

Bush Support Service

The NTML encourages all primary health care professionals and their families to utilise the Bush Support Service offered by CRANA Plus.

GP Locum Support Service

Everyone needs a break and the NTML can assist in allowing GPs time off with the GP Locum Support Service. We organise a locum to cover your leave whether it be for holiday or training and provide a subsidy to your practice.

For More Information:

Darwin t: 08 8982 1000

Alice Springs t: 08 8950 4800

www.ntml.org.au



call for abstracts
invitation now open

CRANApus invites you to submit Abstracts for oral and poster presentations at the 2014 Annual Conference: Creating and Sustaining Diversity within Communities.

Australia is a multicultural society and when exploring the breadth of the definition of culture, remote communities demonstrate great diversity, thus impacting on the provision of health services that meet the needs of communities and individuals.

Abstracts will provide an opportunity for authors to communicate their recent experiences when dealing with the diversity and differences within communities, the successes and the challenges of providing accessible health services.

In creating and sustaining diversity within communities, the authors will need to show how the program/service impacted on the service provider(s), the services delivered, individuals, or community groups and the wins and the barriers to providing sustainable health outcomes.

Drawing on the conference title: **Creating and Sustaining Diversity within Communities**, abstracts are being sought that address this very broad perspective and provide opportunities for you to demonstrate the multi-factorial dimensions of remote health practice from the broad perspective of health and community.

We encourage submissions from:

- Health and Community Services, Government and Non-Government community-controlled and Aboriginal medical services, mining health services, refugee and migrant health.
- Nurses, doctors, midwives, allied health professionals, Aboriginal health workers, health promotion officers, maternal and child health workers, dental workers, aged care workers, mental health workers, community workers, bicultural and bilingual workers, interpreters, managers, multicultural services and consumers.
- Undergraduate students.
- Academics and education providers
- Researchers and post-graduate students.

An Encouragement Award will be offered to the best first-time presentation given during the Conference.

Presentations are 20 minutes with additional time for questions at the completion of each session.

Closing date for Abstracts: 31 May 2014
Full details are available on our website: www.crana.org.au



keynote speakers



Former Chief Commissioner of Victoria Police, **Christine Nixon APM** was appointed in February 2009 to chair the Victorian Bushfire Reconstruction and Recovery Authority and tasked with the oversight and coordination of the largest recovery and rebuilding program Victoria has ever faced.



Under Christine's leadership, the Authority worked with communities, businesses, charities, local councils and other government departments to help people rebuild their lives and communities.

Since August 2010, Christine has moved into a role as the Victorian Government's Advisor on Bushfire Reconstruction and Recovery, a voluntary role. She continues to support communities, to work with the bereaved community, and remains a member of the Victorian Bushfire Appeal Fund panel.

Christine's priority is to help communities recover and rebuild in a way that is safe, timely, efficient, and respectful of each community's different needs.

Prior to joining the Authority, Christine was the 19th Chief Commissioner of Victoria Police, the first woman to become a police commissioner in Australia. She led 14,000 staff, operating across more than 500 locations and oversaw an annual budget of \$1.7 billion.

Nixon was a police officer for over thirty years and prior to becoming Chief Commissioner of



Victoria Police she had an extensive career in the New South Wales Police Force, attaining the rank of Assistant Commissioner.

Nixon's performance as Chief Commissioner, in a sometimes controversial career where she challenged the institution to improve, is probably best assessed by a credible and academically rigorous study produced on behalf of the Council of Australian Governments (COAG) by the Australian Productivity Commission – "...overall high levels of community satisfaction and support for Victoria Police. Personally, Nixon enjoys very high levels of public support."

In 2011, "Fair Cop" was published. It "candidly shares the public and private stories of Christine Nixon – woman, spouse, citizen, constable – on a journey that encounters tragedy, corruption, ambition and humility." It was published through Random House, written by Christine Nixon with Jo Chandler.

In line with her public speaking skills, she is a contributor and lecturer in various leadership forums, including the Australian and New Zealand School of Government and Harvard

University's Policing Leadership Dialogue series. Christine also creates and delivers leadership courses with the primary aim of helping women to achieve positions of power and influence.

Christine's priority is to help communities recover and rebuild in a way that is safe, timely, efficient, and respectful of each community's different needs.

She is a Fellow in various organisations, including the Australian Institute of Police Management, the Australian Institute of Management, and the Institute of Public Administration Australia, and she serves as Patron, member or advisor to a number of organisations including the Alannah and Madeline Foundation, Onside Victoria, Operation Newstart Victoria and The Phoenix Club Inc. ●



keynote speakers



Tim Wilson was appointed Australia's Human Rights Commissioner in February 2014. Dubbed the "Freedom Commissioner", Tim is a proud and passionate defender of universal, individual human rights. As Commissioner he is focused on promoting and advancing traditional human rights and freedoms, including free speech,

freedom of association, worship and movement and property rights.

Prior to his appointment Tim was a public policy analyst and a policy director at the world's oldest free market think tank, the Institute of Public Affairs. He has also worked in trade and communication consulting, international aid and development, as well politics.

He has served as a Board member of Monash University's Council and on the Victorian Board of the Australian Health Practitioner Regulation Agency. Tim is a Director of Alfred Health.

Dubbed the "Freedom Commissioner", Tim is a proud and passionate defender of universal, individual human rights.

He has extensive experience in public debate and has had many regular radio and television commitments, with both commercial and public broadcasters.

The Australian newspaper recognised Tim as one of the ten emerging leaders of Australian society.

He has written extensively for newspapers, journals and books. He recently co-edited the book *Turning Left or Right: Values in Modern Politics*. Tim graduated with a Bachelor of Arts (Policy) and a Masters of Diplomacy and Trade (International Trade) from Monash University.

He has also completed executive education at Geneva's Institut de Hautes Etudes Internationales et du Développement and the World Intellectual Property Organisation's Worldwide Academy.

Tim lives with his partner, Ryan. ●

invited speakers



Dougie Herd

works for the National Disability Insurance Agency (NDIA), the agency implementing the National Disability Insurance Scheme (NDIS), as the Branch Manager

with responsibility for Communications and Engagement Branch in the national office. Dougie joined the agency in October 2012.

Before joining NDIA, Dougie worked for two years as Project Manager of the NSW Industry Development Fund, managed by National Disability Services NSW, six years as the Executive Officer of the Disability Council of NSW (the State's official advisory body) and five years as the EO of the Physical Disability Council of NSW (a State peak and systemic advocacy organisation).

Since arriving in Australia in late 1999, Dougie has acquired work experience in the non-government disability advocacy and service provider sectors, State government advisory roles and now, through the NDIA, in the Australian Public Service.

Dougie was born in Glasgow, Scotland and has been a wheelchair user for 29 years. ●



Paul Pholeros AM

has an architectural practice working on urban, rural and remote area architectural projects throughout Australia and overseas. Since 1985 he has also worked with

Dr Paul Torzillo and Stephan Rainow as a director of Healthabitat. The other two directors have medical and environmental health backgrounds.

The work of Healthabitat aims to improve health through improving housing and the living environment.

Since 1999, Healthabitat has improved over 8,000 houses, and the living environment and health of Indigenous people in over 200 projects in suburban, rural and remote areas of Australia.

Over the last 8 years similar health related work has expanded to projects in rural Nepal, Bangladesh and PNG and urban areas of South Africa and the USA.

In 2011, the work of Healthabitat was recognised internationally, when Healthabitat was awarded the UN Habitat's World Habitat Award, and nationally winning the Australian Institute of Architect's national Leadership in Sustainability prize – for sustaining people. ●



Photo: www.pullmanhotels.com



invited speakers



Hyder Gulam was born in Singapore and educated in Melbourne. He is a registered nurse, a qualified lawyer, an accredited mediator as well as a Fellow of the Royal College of Nursing in Australia.

He has post graduate qualifications in business/management, law and nursing.

He has served as an officer with the Royal Australian Air Force, both in Australia and overseas. He has published in areas such as trans-cultural nursing, health law, criminal law and military law. Hyder has also worked in indigenous health, paediatric nursing, aged care, as well as emergency and trauma. Prior to accepting a role back in Melbourne, Hyder worked in Riyadh, Saudi Arabia for one of the world's biggest law firms. Hyder has practiced mainly in the areas of Commercial and Corporate, Defence Procurement and Islamic Finance.

Hyder is now an in-house legal counsel for a multinational. Formerly, he has practiced as a Human Rights Lawyer, working across a range

of areas including discrimination and disability, and an in-house lawyer for large multinational luxury brand, based in Asia.

Hyder is the immediate past President of the Islamic Council of Victoria, Vice President of the Australian Federation of Islamic Councils, Director of MCCA Ltd (Australia's first Islamic Finance institution), Honorary Solicitor to the Australian National Imams Council, member of the Australian Red Cross (International Humanitarian Law) (Vic), member of the Royal College of Nursing Australia (Vic), as well as co-founder of the Muslim Legal Network (<http://www.muslimlegallnetwork.com>) and the City Circle (2008 Revival): <http://citycircle.weebly.com/index.html>

In 2010, Hyder was appointed to the Expert Panel to the Australian Government's Board of Taxation review of Islamic Banking and Finance. Hyder is also an Honorary Associate in the School of Law within the Faculty of Law and Management, La Trobe University.

Hyder is recipient of the 2010 La Trobe University Young Alumni Award, as well as the Australian Defence Force Medal, and in 2011 was nominated in the Top 100 most influential, inspirational, provocative and creative Melbournians. ●





Working collaboratively with mental health consumers, clinicians and sector managers, **Professor Nicholas Procter PhD, MBA, RN** has longstanding interests in research, knowledge translation

and community engagement in mental health practice. He is the UniSA inaugural Chair: Mental Health Nursing and convener of the Mental Health and Substance Abuse Research Group located within the Sansom Institute for Health Research. His other appointments include convener of UniSA's Human Rights and Security Research and Innovation Cluster, and adjunct professor at the University of Tasmania.

The strategic intent of Professor Procter's work is 'excellence with relevance' through innovative, collaborative and enterprising activities. Such work has been fruitful. It has guided success and delivered fresh confidence in how much consumers, clinicians and academic faculty can achieve working together. Strong networks and collaboration with individuals, community groups, government and non-government



Photo: www.pullmanhotels.com

organisations are at the heart of these outcomes locally, nationally and internationally. Professor Procter has completed specialist psychological autopsy investigator training with the American Association of Suicidology. ●





entertainers

Pans on Fire – Murrindindi's own Steelband

Out of the Fire... And into the Pans

'Pans on Fire' was started in November 2009 as a Marysville and Triangle district Black Saturday bushfire recovery project.

With the aid of many pan enthusiasts, the project has grown into a vital community asset that crosses cultural territories as widely

different as Switzerland, Trinidad, Africa and of course Marysville and the Triangle district.

We love to surprise our audience with a variety of music styles, ranging from Calypso, Latin and Samba over Jazz to world music and classical.

We love to surprise our audience with a variety of music styles, ranging from Calypso, Latin and Samba over Jazz to world music and classical. Playing at many music festivals in Melbourne and regional Victoria we have released our first CD entitled "Recovery" in 2011. To celebrate the newly rebuilt town, we organised the inaugural Australian Steelband Festival in Marysville in 2013, featuring nine steelbands from interstate and overseas (New Zealand and Oman).

For information on Pans on Fire and the other community steelbands of the Marysville/Triangle area visit: www.trianglesteelbands.com ●





2013 winners, left to right: Helen Williamson, Mary Fromberger representing Better Together Cottage Team, and Craig Mills representing RSL Care.

Know someone in the aged care sector who deserves an award?

Recognise aged care professionals for their outstanding care by nominating them in one of three categories:

- ★ Outstanding Organisation
- ★ Team Innovation
- ★ Individual Distinction

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educate

education program off and running

With nine courses completed in the first 10 days of the 2014 education program, we have begun the year at a typical, organised, fast pace.

We are now officially operating as an RTO and keeping a watchful eye on how we go. Paper work has increased substantially for all courses and we know that this indeed impacts on our participants as well as our team. We will monitor closely the feedback from each course and continue to tweak as best as we can to ensure the course is delivered in it's entirety to the best possible standard.

There is a very sound process of engaging the education committee (consisting of the Education Manager, the Coordinator of Professional Services, the senior Education Coordinator and two external University Education personnel) to review, validate or recommend changes, should we discover that courses are being impacted by some of the necessary processes around units of competencies.



Libby Bowell (front left) with students of JCU Dental School.



What's new in 2014?

We welcome to our team two new emergency course coordinators, Anni Kerr and Sonia Girle, to assist in the ongoing growth and development of the education program.



Both were previously part of our facilitator team and bring a wealth of remote experience, skill and qualifications.

They will have a primary focus on our suite of life support courses (BLS, PLS, APLS and ALS) as well as provide some much needed support to the REC and MEC teams to enable us to continue to meet the demands for additional courses. They will also be involved in developing a neonatal resuscitation course to complete the suite of life support courses.

Recently we provided Emergency Management and BLS courses to the 3rd year dental students at JCU in Cairns (see photo left). With the engagement of Dr Andrew Lee as JCU remote dentist, we were able to provide a practical, relevant, current course for the participants. I am sure at times the participants wondered who these two 'old nurses' from CRANAplus were who were pushing them to a level that we expect of our graduate students.

We tried to make it as realistic as possible by conducting the assessments in dental chairs as well as throwing in a few tips in how to get someone into a recovery position or onto the floor safely if required. Feedback was extremely positive, we had fun and we look forward to returning for the 5th year participants in October.

Libby Bowell

National Education Manager, CRANAplus ●



passion for the great outback



Anni Kerr has recently joined CRAN*plus* as an Emergency Course Coordinator. This position will demand flexibility and adaptability, as she will work to support both the Maternity Emergency Course and Life Support Programs. Here she outlines her career to date.

Commencing her career back in 1989 in a major metropolitan Emergency department, Anni's desire for the ever changing and challenging fast pace of the emergency environment, coupled with her passion for the great Australian outback, soon saw her leave the comforts and familiarity of her Melbourne lifestyle and head north.

With her partner in tow and an old 1967 Toyota Landcruiser that friends and family commented "won't get you out of Victoria", the first port of call was tropical Far North Queensland. What ensued is an everlasting desire to discover the great wonders of living and working in remote and isolated areas of Australia.

Seventeen years on – and Anni and her partner continue to cultivate the joys and adventures of a rugged, sometimes unforgiving diverse Australia.

Anni has acquired an appreciation for the multiplicity of skill sets required to be efficient and effective in rural and remote working environments and has thrived on the challenges of learning more advanced skills. She confesses she "didn't have a desire to be a midwife" but three unexpected birthing events in a remote WA community saw a change in attitude and a brief return to metropolitan lifestyle to qualify as a midwife.

But the remote living/working bug had certainly bitten hard and Anni returned to the bush and worked as a midwife for the Katherine District Health service.

Anni happily declares: "Seventeen years down the track and still the passion for remote and isolated nursing practice continues to drive my need to grow professionally and strive to achieve excellence in the nursing profession."

Anni believes being a remote area nurse/ midwife is one of the most exciting, challenging and rewarding positions of responsibility.

She describes her time working with the Royal Flying Doctor Service (RFDS) as extremely special as her role was again diverse and called on her to use all the skills and knowledge she had worked so determinedly to develop and consolidate.

Committed to ongoing education, Anni has qualified as a nurse educator, has gained qualifications in Maternal, Child & Family Health and confirmed her passion for public health and primary health care through the achievement of her Masters in Public Health. She believes "just because you live in the bush shouldn't mean you don't have the right to access the highest standards of quality health care."

Anni's recent appointment with CRAN*plus*, as an Emergency Course Coordinator, will demand flexibility and adaptability as she will work to support both the Maternity Emergency Course and Life Support Programs.

Anni believes her appointment with CRAN*plus* is a privilege and wonderful opportunity to work with other committed nursing and midwifery professionals who strive to deliver quality health care to all Australians working and residing in rural, remote and isolated parts of this amazing country. ●

always up for new challenges

For **Sonia Girle**, her appointment as an Emergency Course Coordinator with CRANAplus is a perfect mix. As she says: "I get to travel around; I get to spend time with people in the bush; and I get to be involved in teaching."

After training as a Registered Nurse in Nambour, Queensland, Sonia worked in an emergency department – and so began her passion for emergency and aeromedical retrievals.

A couple of years later, Sonia got her first taste of the bush in Mt Isa where she worked in the Emergency Department and then as relieving DON in remote areas.

"I like doing a variety of different things and am always up for new challenges. Working remote, you never know what's going to come through the door."

Sonia then went overseas and worked in emergency departments in London as well as undertaking volunteer work in Belize in Central America and Zimbabwe.

Back in Australia, Sonia returned to the bush, working in Mt Isa district and then Cape York in a variety of positions, from RAN to Nurse Educator. After completing post grad qualifications in Critical Care and Midwifery,

she joined the Royal Flying Doctor Service (RFDS) and also completed a Masters of Child Health.

She then decided to have a change, and moved to the Torres Strait and there completed a Masters of Public Health and Tropical Medicine. "I still have a huge soft spot for the islands, popping back to do contracts when I can," she says.

But Sonia had been bitten by the desire to do humanitarian work and this saw her return overseas to work with Doctors without Borders (MSF) and ALIMA (Alliance for International Medical Action) working in various countries including Iran, Nigeria, Niger, Mali and Haiti.

Since returning to Australia 18 months ago, Sonia has been undertaking casual work as a RAN, with RFDS as flight nurse/clinic nurse, as a Mine site nurse and in Emergency Departments.

"I like doing a variety of different things and am always up for new challenges," she says. "Working remote, you never know what's going to come through the door. It's always something different and interesting and requiring all your skills."

"I've also remained very interested in education and support for nurses in rural, regional and remote areas, which is why I am excited to be in this new position and working with CRANAplus." ●





Photo: Kasey Vandermeer

Photo competition contributor: Kasey Vandermeer is a RAN who worked recently as acting manager at Alcoota/Engawala. She writes "It had been high 40s when I snapped this... a make-shift piece of plastic, a hose and a heck of a lot of soap/detergent... those kids were squeaky clean!!!"

Centre for Remote Health Short Courses 2014

The Centre for Remote Health offers a range of short courses for Remote Health Professionals and those interested in working in Remote Australia.

Course Facilitators are respected practitioners and academics with relevant remote experience.

Many of these courses have been accredited for CPD points with professional organisations.

Courses vary in length from 1 day to 3 weeks.

While most courses are offered in Alice Springs, some courses are delivered in other locations.

Join a varied cohort of learners across a range of professions who practise in isolated locations around Australia.

Courses for 2014 include:

- Fracture Management
- Framing Indigenous Health
- Introduction to Living in the Central Australian Context
- Pharmacotherapeutics for RANS
- Primary Health Care
- Recognising & Responding to Dementia in Indigenous Communities
- Transition to Remote Area Nursing Program
- Working with People with Disabilities in Remote & Indigenous Communities
- Responding to Child Abuse & Neglect: What Primary Health Care Practitioners Need to Know (Available only to Community and Primary Health Care Workers in the Northern Territory)



Centre for
Remote Health
Alice Springs (Central Australia)
and Darwin (Northern Territory)



Flinders
UNIVERSITY



CHARLES
DARWIN
UNIVERSITY

E: crh.shortcourse@flinders.edu.au | W: <http://www.crh.org.au/>
PO Box 4066 Alice Springs NT 0871 | P: +61 8 8951 4700 | F: +61 8 8951 4777

Keep your eye on the CRH website for dates, locations, and new courses,
or contact the Short Course Administrator: crh.shortcourse@flinders.edu.au

behind the scenes!

Each year in December when the course calendar finishes, all the Education Unit's course equipment returns to the Adelaide warehouse. Oh what a story many of those pieces of equipment could tell!

At the end of each year, Course Coordinators and admin staff have the opportunity to re-stock, clean, repair and replace equipment for the forthcoming course schedule.

That equipment has been on the move all year – and we estimate some individual sets may have travelled the equivalent distance of 3½ times around the world.

The vagaries of road and air transport has seen some very interesting scenarios in the past with equipment movement. ►►



Wendy Bowyer, REC Coordinator (Alice Springs).



Adelaide warehouse.



Short Course Coordinators in the Adelaide warehouse: From left: Wendy Bowyer (REC & AREC) Julia Stewart (e-Remote) Sue Orsmond (Senior Coordinator) Michelle Bodington (MIDUS & MEC) Libby Bowell (Education Manager) Glenda Gleeson (MIDUS & MEC) Annie McNamara (ATSI REC).



Tim (IMPLOX) assisting with specialist repairs to models.



MEC Coordinator, Glenda Gleeson (Adelaide).



Job done!!!



Just like real life???



Glenda Gleeson, MEC Coordinator (Adelaide).



Sue Orsmond, REC Coordinator (Bruny Island Tasmania).



Equipment logistics are coordinated by Merilyn (Adelaide) and Annie Mac (Tasmania).

► A box thought 'lost' was stacked under a seat on an inter-island ferry and travelled back and forth for over a week before it was found. Then there was the backboard which ended up in an Australia Post auction of unclaimed items: the logo was identified by a then CRANApplus member who 'saved' it. We hadn't seen that backboard for more than six years!

During the year, most often a set of equipment returns briefly to Adelaide before being turned around and it's out on the road again. However, many times this is not achievable due to tight timelines or the sometimes unpredictability of seasonal events such as floods and storms which can cause transport issues. If time does not permit, an additional 'Admin box' with restocking supplies will be forwarded from Adelaide to the next destination where Course Coordinators will restock before they deliver the course. ►►



It takes a full week to re-stock, clean, repair and replace equipment.



Wendy Bowyer, REC Coordinator (Alice Springs).

► Back at the warehouse, the re-stocking, cleaning, repairing and replacing process takes about a week and the Coordinators, based all over the country, have a chance to come together face-to-face rather than meet via Skype.

Each 'set' of equipment may weigh up to half a tonne and new sets are purchased regularly to meet the growing demand for courses. This year, 100+ courses will be delivered.

Back in the day when Libby (now our National Education Manager) first started delivering courses, she would carry all the equipment with her in two suitcases.

Mid-December each year when it all does come 'home' and is in the one space we marvel at the volume and are proud of the seamless (mostly) way it is managed ensuring courses are delivered on time and fully equipped. ●

POSTGRADUATE COURSES IN REMOTE HEALTH

Flinders University

Graduate Certificate in Remote Health Practice

Graduate Diploma in Remote Health Practice

Master of Remote & Indigenous Health

These courses aim to meet the higher education needs of Allied Health Professionals, & Medical Practitioners who work in remote areas & of Nurses transitioning to the speciality of Remote Area Nursing or who have an interest in joining the remote health workforce. The Courses articulate to allow progression from Graduate Certificate through to Masters level.

For further information
contact the Student Administrator

Ph: (08) 8951 4790

Email: crh.studentadmin@flinders.edu.au

www.crh.org.au

Applications are now open for **Semester Two**



educations courses for 2014

Location	Dates	REC	ALS/PLS	MEC	MIDUS	AREC	ATSI	AMB
Halls Creek, WA ○	7–9 Feb			●				
Campbelltown, TAS	7–9 Feb	●						
Katherine, NT	14–16 Feb			●				
Cairns, QLD	14–17 Feb					●		
Cairns, QLD	18–19 Feb		●					
Alice Springs, NT ■	20–21 Feb	●						
Alice Springs, NT	22 Feb		●					
Melbourne, VIC – RAHC ○	28 Feb–2 Mar			●				
Alice Springs, NT	5–7 Mar	●						
Kalgoorlie, WA	7–9 Mar				●			
Roma, QLD ○	14–16 Mar			●				
Cairns, QLD	14–16 Mar	●						
Cairns, QLD	17 Mar		●					
Katherine, NT (REC)	18–20 Mar						●	
Tom Price, WA	21–23 Mar			●				
Darwin, NT	4–6 Apr	●						
Dongara, WA	8 Apr		●					
Northampton, WA	10 Apr		●					
Cairns, QLD	11–13 Apr			●				
Darwin, NT	11–14 Apr					●		
Alice Springs, NT (Mon 8 am–Wed 1 pm) ■	14–16 Apr			●				
Fitzroy Crossing, WA ○	1–2 May							●
Kalgoorlie, WA	2 May		●					
Kalgoorlie, WA	3 May		●					
Kalgoorlie, WA	5–May		●					
Benalla, VIC ○	2–4 May			●				
Adelaide, SA	2–4 May	●						
Cairns, QLD	8–9 May		●					
Cairns, QLD	9–11 May				●			
Mt Isa, QLD	16–18 May	●						
Mt Isa, QLD	19 May		●					
Darwin, NT	23–25 May			●				
Mt Isa, QLD	3–5 June						●	
Broome, WA	13–15 Jun			●				
Broome, WA	16–Jun		●					
Coffs Harbour, NSW	20–22 Jun	●						
Darwin, NT	27–29 Jun	●						

Location	Dates	REC	ALS/PLS	MEC	MIDUS	AREC	ATSI	AMB
Roma, QLD ○	4–6 Jul				●			
Hughendon, QLD	4–6 Jul					●		
Hughendon, QLD	7 Jul		●					
Townsville, QLD	11–13 Jul			●				
Alice Springs, NT (Mon 8 am–Wed 1 pm)	14–16 Jul	●						
Alice Springs, NT (Wed 8 am–Fri 1 pm) ■	16–18 Jul				●			
Broome, WA	18–21 Jul					●		
Broome, WA	22 Jul		●					
Alice Springs, NT (Fri 8 am–Sat 1 pm) ■	24–25 Jul	●						
Tamworth, NSW	25–27 Jul				●			
Derby, WA ○	1–3 Aug			●				
Port Augusta, SA	8–10 Aug	●						
Broken Hill, NSW	8–10 Aug			●				
Laynhupuy Homelands, NT ○	19–20 Aug						●	
Laynhupuy Homelands, NT ○	20 Aug		●					
Darwin, NT ■	21–23 Aug			●				
Nhulunbuy, NT	29–31 Aug						●	
Alice Springs, NT	1–3 Sep	●						
Burnie, TAS	5–7 Sep				●			
Ipswich, QLD (TBC) ○	12–14 Sep			●				
Alice Springs, NT	19–21 Sep			●				
Dubbo, NSW	26–28 Sep					●		
RFDS Jandakott, WA ○	3–5 Oct				●			
RFDS Jandakott, WA ○	6–7 Oct		●					
Pre Conference Course	12–14 Oct			●				
Pre Conference Course	12–14 Oct	●						
CRAN ^{plus} Conference	15–18 Oct							
Post Conference Course	19–22 Oct					●		
Alice Springs, NT (Wed 8 am–Wed 1 pm) ■	22–24 Oct			●				
Roma, QLD (TBC) ○	31 Oct–2 Nov			●				
Broome, WA	31 Oct–2 Nov	●						
Broome, WA	3 Nov		●					
Darwin NT (Mon–Wed) ■	3–5 Nov	●						
Esperance, WA	7–9 Nov			●				
Derby, WA ○	13–15 Nov							●
Longreach, QLD	21–23 Nov			●				
Melbourne, VIC – RAHC ○	21–23 Nov	●						
Adelaide, SA	5–6 Dec			●				
Burnie, TAS	5–6 Dec	●						

○ Private. ■ Department of Health and Flinders Students. Please check website as details may change.

endorsements and accreditations

CRANAp^{plus} is dedicated to the development and delivery of high quality education programs specific to the needs of Remote and Isolated Health Practitioners, which is fundamental to the delivery of safe care and the retention of Remote Health Professionals.

Our Education Program offers a suite of remote emergency and maternity emergency courses including online education.

Many CRANAp^{plus} courses (see table below) are accredited by the Australian College of Rural and Remote Medicine (ACRRM). E-remote online courses ALS, PLS and APLS are also accredited with ACRRM.

CRANAp^{plus} course

Endorsed or accredited by

REC (Remote Emergency Care)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

MEC (Maternity Emergency Care)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)
Endorsed by the Australian College of Nursing (ACN)

AREC (Advanced Remote Emergency Care)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

MIDUS (Midwifery Up Skilling)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)
Endorsed by the Australian College of Nursing (ACN)

ALS (Advanced Life Support)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)
Endorsed by the Australian College of Nursing (ACN)

PLS (Paediatric Life Support)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

APLS (Advanced Paediatric Life Support)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

BLS (Basic Life Support)

Endorsed by the Australian College of Nursing (ACN)



ACRRM is responsible for setting the professional standards of training, assessment, certification and continuing professional development of medical professionals caring for rural and remote communities across Australia.

CRAN*plus* is currently in the process of renewal of endorsements with Australian College of Nursing (ACN), Australian College of Midwives

(MidPLUS) and the Royal Australian College of General Practitioners (RACGP). ●

It is a pre-requisite that all nurses working in the Northern Territory are to have completed a Remote Emergency Care (or an equivalent course) and the Maternity Emergency Care course.





advocate

calm before the storm

Things do slow down a little at the beginning of the year in the area of advocacy, after frenetic end of year trying to get all things done. This first report of 2014 is reflective of that relative lull, before things no doubt ramp up as we move through the year, says Geri Malone, Acting CEO and Professional Development Manager.

Our ongoing connections from last year include a number of Health Workforce Australia (HWA) activities. These include:

- The Nursing Project Advisory group, where the main activity is looking at the health workforce projections.
- The HWA Allied Health Rural & Remote generalist project.
- The HWA *Addressing barriers and enablers to reform* project which, in Stage 1, is examining the impact of

industrial relations (IR) instruments such as enterprise bargaining agreements on health workforce reform, and similarly taking a critical look at how the application





of legislation frameworks impact on health workforce reform.

- The HWA Aboriginal & Torres Strait Islander health curriculum framework consultation.

In addition, we are participating in the many reviews being undertaken by Australian Nursing & Midwifery Accreditation Council (ANMAC), including the Midwifery Accreditation Standards consultation forums.

CRAN*plus* is a member of the Social Determinants of Health Alliance (SDOHA) and you can read about this on the following website: <http://socialdeterminants.org.au>

Finally, there is the Australian Parliament's Northern Australia committee inquiry into the development of Northern Australia , and we have ongoing participation in National Rural Health Alliance activities.

Geri Malone
National Coordinator of Professional Services
CRAN*plus* ●



heatwaves: hotter, longer, earlier and more

Heatwaves across Australia have taken their toll on human health and point to the need for stronger emissions cuts to curb climate change, the Climate and Health Alliance (CAHA) has said.

CAHA President and heat and health researcher at Australian National University Dr Liz Hanna said there had been a dramatic increase in the number of near deaths and deaths from heatwaves over the last decade.

"Heat is also precipitating more heart attacks, kidney failure, and other health emergencies," Dr Hanna said.

Heatwaves are becoming hotter, lasting longer and occurring more often.

The comments come in the wake of a new report on heatwaves from the Climate Council, which finds climate change is increasing the intensity and frequency of heatwaves in Australia. Heatwaves are becoming hotter, lasting longer and occurring more often.

The recent heatwave in south-east Australia was the longest run of days over 40°C since 1908. During the heatwave, there were more than 203 deaths reported to the coroner in Victoria, more than twice the average. On Friday of that week, one of the hottest days, there was a 700% rise in ambulance call-outs for cardiac arrests in Victoria. Adelaide was the hottest city in the world that day. Parts of Western Australia have also experienced extreme heatwaves.

"These deaths and medical emergencies from heatwaves are an alarming portent of what is to come," said Dr Hanna.

The Climate Council said limiting the increase in heatwaves required urgent and deep reductions in the emissions of greenhouse gases.

"These deaths and medical emergencies from heatwaves are an alarming portent of what is to come..."

Dr Hanna said health and medical experts had been calling for emissions reductions as a matter of public health for several years now, and the increase in heatwaves was one of the consequences of the failure to respond.

She warns there is much worse to come.

"We've seen from heatwaves in Europe that the number of deaths can increase dramatically, as much as ten-fold, from a small increase in warming."

"We've seen from heatwaves in Europe that the number of deaths can increase dramatically, as much as ten-fold, from a small increase in warming. We know that the human body has limits in terms of its adaptive capacity, and critical thresholds can be breached."

"The reality is, failing to commit to internationally credible emissions reductions in Australia is putting the health of Australians at risk. Acting on climate change is a vital and urgent public health initiative," Dr Hanna said.



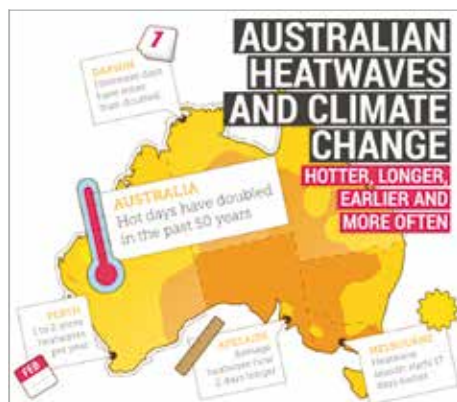
CLIMATE AND
HEALTH
ALLIANCE

often

The Climate and Health Alliance has been critical of the federal government's approach to climate policies and the abandonment of existing policies that actually reduced emissions.

...failing to commit to internationally credible emissions reductions in Australia is putting the health of Australians at risk.

In its submission to the Inquiry into the Abbott government's Direct Action Plan, the Climate and Health Alliance said the Direct Action Plan (DAP) will not reduce emissions at anywhere near the level required to reduce increasingly dangerous levels of global warming and was putting health at risk.



At present, experts warn the DAP will not reduce emissions enough to meet the government's target of a 5% reduction on 2000 levels by 2020 – a goal that is universally considered inadequate and is counter to the advice of the Australian Climate Change Authority, which advises 15–25% cuts to avoid Australia being forced to make “implausibly rapid cuts after 2020”. ●



SA Police captured this photo of the fire ground at Watraba on the West Coast where several fires burned, January 2014.

rural journey sharpens resolve

I've always been proud to have grown up in Bendigo. The community spirit is what I love most – a way of being that is warm and open.

That sense of country connection is important to me so when I applied for medicine I also decided to pursue as many rural health opportunities as possible. I'm now President of the University of Melbourne Rural Health Club, Outlook, and like to get involved with the activities of our umbrella body, the National Rural Health Students' Network (NRHSN). Fortunately, Outlook has a great committee full of passion and enthusiasm.

Through Outlook, and the NRHSN, I've been able to attend rural health conferences, rural

health events, and rural careers days. In addition to this, I've found that rural placements have been particularly valuable because they bring everything to life.

I had the chance to appreciate a truly beautiful environment...

Last year I applied for the Australian College of Rural and Remote Medicine's John Flynn Placement Program (JFPP) because I wanted to do something a bit different.

I felt that I had a pretty good handle on life in central Victoria, but really no idea about what it was like elsewhere in rural Australia. ▶▶



The air ambulance prepares for take-off.



An encounter with a green sea turtle.



The landscape of Lord Howe Island.



Skye does her first hearing test under the supervision of Dr Frank Reed, the only doctor on Lord Howe Island. This is a common test on the island due to ear trauma from scuba diving.

►► When I was told my JFPP placement would be at the 4-bed, remote hospital on Lord Howe Island, I was very excited then concerned about the possible gap between expectation and reality.

I needn't have worried.

The doctor and nurse – who together run the hospital in its entirety – inspired me. They care for 400 residents and up to 600 tourists in the summer months. They encouraged me to serve a community that needs me and reaffirmed my commitment to rural health.

At Lord Howe Island, the unique challenges of remote healthcare really do come with unique rewards. For example, I had the chance to appreciate a truly beautiful environment: exploring white-sand beaches, trekking the mountains, and snorkelling with 90-year-old green sea turtles. It made the busy days at the hospital even more worthwhile.

Not to mention the weekly Saturday picnic prepared by the locals, with great food underscoring a great sense of community... and that is something totally to my taste.

Skye Kinder, National Rural Health Students' Network member and Bendigo Young Citizen of the Year ●



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

Transition from RN to Remote Area Nurse 2014

ABOUT THE SHORT COURSE

A three week face-to-face program that prepares Registered Nurses to work as Remote Area Nurses and articulates with Flinders University Award courses.

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 - Primary Health Care
 - Self Care
- Remote Advanced Nursing Practice
- Pharmacotherapeutics.

2014 DATES AND LOCATION

Monday June 23rd 2014 - Friday July 11th 2014

Alice Springs



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Send your registration no later than 4 weeks prior to course start date.



For registration enquiries please contact:
Short Course Administration Officer – Centre for Remote Health

E: crh.shortcourse@flinders.edu.au **W:** <http://www.crh.org.au/>
PO Box 4066 Alice Springs NT 0871 P: +61 8 8951 4700 **F:** +61 8 8951 4777



what's happening in projects – professional services



Well its all systems go! An exciting start to the New Year for Professional Services, with a new project underway, an information fact sheet nearing completion and the delivery of a new governance guide.

The aim of the Pathway to Remote Practice project

is to develop tools and resources to clearly articulate a professional pathway that is reflective of contemporary nursing and midwifery remote practice and to enable RAN/MS to meet the requirements of the necessary Professional Standards required for remote practice.

The project is in response to the National Standards and Credentialing Project Report's recommendations (Sept. 2013).

An Advisory Group, comprising representatives of professional organisations across the remote sector, has been established to revisit, review and revise existing tools and resources and provide advice on the development of new ones.

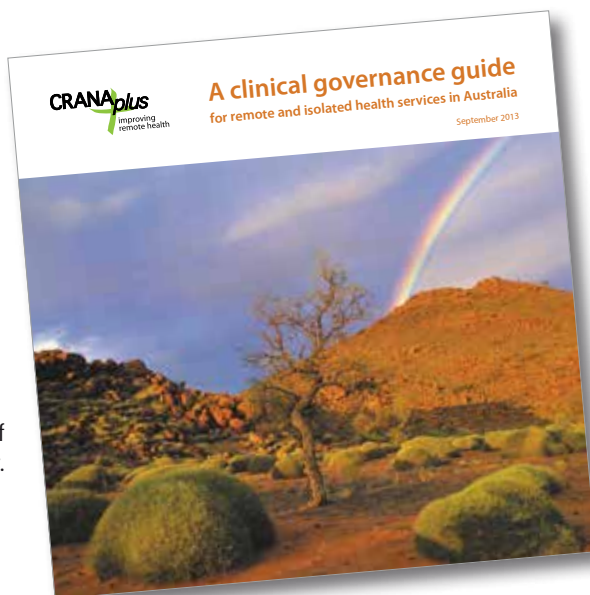
The Advisory Group's first task will be to review and advise on the Professional Standards such as the National RAN Competency Standards (2001), in light of the development of the CRANApplus Professional Standards of Remote Practice: Nursing and Midwifery.

Professional Services is also putting the finishing touches to an information fact sheet for health workers wanting or thinking about going bush.

This fact sheet will include survival tips from our Education Team, who have gleaned information from colleagues, peers, friends and family about their experiences in dealing with the isolation of practice, the harsh terrain and limited resources.

Finally, your health service should now have received a copy of the new CRANApplus "A Clinical Governance Guide for remote and isolated health services in Australia". We welcome the opportunity to provide you with further information regarding the Guide's application in the workplace and, if you are interested, we would like to hear from you. Please contact us if your health service has not received a copy, or if you are interested in this area and would like a personal copy.

**Marcia Hackendorf, Project Officer
National Standards and Credentialing Project** ●





4-5 SEPTEMBER 2014

ACTION ON SOCIAL DETERMINANTS OF HEALTH



**22ND NATIONAL AUSTRALIAN HEALTH PROMOTION ASSOCIATION CONFERENCE &
18TH CHRONIC DISEASES NETWORK CONFERENCE, ALICE SPRINGS CONVENTION CENTRE**



REGISTRATION OPENS FEBRUARY 2014, ABSTRACT SUBMISSION OPENS 10TH FEBRUARY 2014

KEY NOTE SPEAKERS:

Professor Sharon Friel - Professor Health Equity, Australian National University

Mr Darryl Day - Executive Director Energy Policy,
Department of Mines and Energy Northern Territory Government.

Mr Paul Pholeros - Director Healthy Habitat

Dr Suvajee Good - Program Coordinator and focal point
Social Determinants of Health, World Health Organisation, New Delhi, India

Dr Shelley Bowen - Senior Public Health Advisor Prevention and Population Health,
Department of Health Victoria

Professor Rolf Gerritsen - Professorial Research Fellow, The Northern Institute,
Charles Darwin University, Alice Springs

Dr Anne Lowell - Principal Research Fellow, Charles Darwin University

Dr Lawurrpa Maypilama - (Co-presenter)

Ms Pat Anderson - Chairperson of Lowitja Institute as the Australian Health Promotion Association Eberhard Wenzel Orator

Mr Martin Laverty, CEO, Catholic Health Australia

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support

mindfulness: the art of being 'fully present'

In this article, Therese Forbes, Bush Support Line Psychologist, will take you into the world of mindfulness, if you just let it happen! Give it a try!

You've probably heard phrases such as "being in the present moment" or "being present". Sounds easy – I'm here aren't I?

But actually what is meant by these phrases is 'mindfulness': being totally aware of yourself and your surroundings in each moment, and being able to fully observe what is happening within your body and the thoughts you have, without judgement.

The advantages of being mindful are immense. Think of a time when you have been totally engrossed in something – maybe something creative, or an activity such as fishing or snorkelling, or even work! – when you lost track of time and experienced great peacefulness, calm and contentment. That's mindfulness.





Whilst you were totally in the moment with what you were doing you were not thinking about either the past or the future nor were you operating on autopilot.

Too much thinking about the past can lead us to depression and too much thinking about the future – the ‘what ifs’ – can lead to anxiety. (What if this happens... what if that happens...). And being in autopilot leads us to feeling stretched and overloaded.

Being able to be in the present is about calm, and your body and mind will thank you!

Mindfulness is a powerful tool that helps us respond more calmly and with self-awareness to those things that life throws at us. Now I think I can already hear some reactions: “What now!” or maybe “I haven’t got time for this.” But in fact mindfulness can be practiced whilst undertaking everyday activities like showering, cleaning your teeth, doing the dishes. Try it, you’ll be amazed how it feels to be mindful even for a few minutes.

Mindfulness is a powerful tool that helps us respond more calmly and with self-awareness to those things that life throws at us.

Some activities really lend themselves to mindfulness and will not take you any more time to reap the benefits. Such as walking, cycling and swimming. It requires only a small adjustment to your focus. Another great way to be in the present moment is through taking photographs. In photography you are capturing the moment – really focusing, noticing the light and the subject. It can also be about seeing the world differently. ►►



►► The problem is we are often too busy and distracted to notice what is going on right in front of our eyes. Mindfulness takes simple practice. Through being more aware we become more open and engaged and this enables us to be reconnected with our lives. We begin to notice more beauty in the most unexpected places – right here, right now.

So let's start right here, right now, as you are reading this article. Where are you? Are you by yourself or with others? Hot or cool? Cloudy or clear skies? How are your thoughts? Busy, happy, agitated, tired?

Take a few moments to fully focus on your surroundings, notice the sounds and smells and the light. As you look around, make a conscious effort to slow and deepen your breath – this will help in creating a relaxed and open mind. Become as still as possible.



Be aware of what comes up – feelings, thoughts – and simply observe these. Allow and accept whatever shows up – this really is the key to becoming more present.

In photography you are capturing the moment – really focusing, noticing the light and the subject. It can also be about seeing the world differently.

Let go of the struggle of having to problem-solve everything – just observe as if you are watching a play. Look around you, what different hues of colour can you see? What light and shadow can you notice, what patterns in your surroundings? Bring your awareness to your own body, notice your breath and the air on your skin and the sounds – slow everything to this exact moment wherever you are. It may be useful to close your eyes now and focus on your other senses. This moment will be gone shortly to be followed by new other moments. Plenty of other opportunities to practice!

BSS wants to support and encourage you to become more mindful to help your life become fuller, richer and more meaningful.

Please see details in this magazine for our competition for 2014 which is about Mindful Photography. No fancy equipment required.

The idea is for you to take the opportunity to be more mindful and capture some of the 'present moments' you experience wherever you are. We will compile these and display them at the CRANApplus conference in October in Melbourne. And there is a prize!

Yours in the present moment,

Therese Forbes
Bush Support Line Psychologist
CRANApplus ●

promoting healthy body and mind

Therese Forbes, no stranger to *CRANApus*, has now joined the Bush Support Services team on a permanent basis. She says promoting optimal mental and emotional health among remote health practitioners is the key to her work.

"I just so admire the work remote practitioners do. It asks a lot," says Therese Forbes, stressing that isolation is a major issue for people who work away from their friends and families.

...promoting optimal mental and emotional health among remote health practitioners is the key to her work.

"There is an element of disconnect for remote practitioners. Work can be all encompassing: and if something goes wrong at work, it can feel like your whole world is falling apart.

"I see my role as helping people recognise what they can do for their health and prepare people for what remote practice might be like. This means helping them not only with their working life but also their personal life – promoting a healthy body, a healthy mind and good social support."

Having worked as a consultant with BSS for a number of years, Therese says that her new permanent position means she will likely further develop aspects of the service, such as increasing networks among Aboriginal and Torres Strait Islander groups. She also plans to run workshops on promoting mental and emotional health.

Therese only recently discovered her own Aboriginal connections, on her father's side. "Living and working in a community is difficult

in itself: when you are part of that community, there are extra stresses," she said. "Being part of the Aboriginal health workforce is very difficult work."

Therese, who qualified 12 years ago as a psychologist, has spent a fair bit of her working life in remote areas. Having grown up living in rural and remote regions, Therese has lived in Broome for the past eight years and previously was in North West Queensland for a couple of years. Having worked in various areas such as relationship counselling and court-based mediation in the justice system, Therese became really interested in what psychologists can do to support the workforce while working as Staff Support Psychologist for the Department of Justice.

"Previously called the Bush Crisis Line, you rang us when you were in crisis. Now it's called the Bush Support Line, with a focus on support..."

"Some of the people we talk to in BSS have some post-traumatic stress issues and in the past we have focused a lot on that," Therese pointed out.

"Previously called the Bush Crisis Line, you rang us when you were in crisis. Now it's called the Bush Support Line, with a focus on support and particularly on prevention. That's where the workshops are important. We can concentrate on the positive side of psychology." ●



a natural step

Tyrone Toomey, a registered psychologist with experience in both the Aboriginal and state health industry, has joined the Bush Support Services team as a sub-contractor. He says entering the world of *CRANApplus* is a natural progression in his life's journey. Here he introduces himself.

"Yarma Yarma" – I greet you with the traditional words of my mob, the Gamilaraay people, of North-West New South Wales.

My life's journey has been one of engaging people from all walks of life and seeking the skills and knowledge that empowers my inner spirit. My journey has also been based on giving back to the wider community and acknowledging the tireless work associated with individuals within the "helping profession", especially people working in rural and remote areas of Australia. Thus, it is with this greeting I introduce myself to *CRANApplus* members.

I have worked as a counsellor, Aboriginal Mental Health Clinician and Clinical Leader with children, families and communities in NSW for the past 15 years. Having experienced the struggles of working rural and remote health, I appreciate that the ebb and flow of being the only health professional available and having the weight

of a whole town on your shoulders can be daunting, especially in the Aboriginal and Torres Strait Islander communities.

I am committed to embracing alternative models of outcome evaluation. It is through reviewing my own self-reflection process that my journey has directed me to *CRANApplus*. The ethos that health professionals in rural and remote areas need to be supported rings true for me. I see that service provisions in rural and remote areas can only improve when workers have an outlet that strengthens the spirit and rejuvenates their passion to carry on the plight. When a person's inner light begins to dwindle, it is the warmth and assistance from others that rekindles the flame.

I am committed to embracing alternative models of outcome evaluation.

The roles of *CRANApplus* professionals are needed and valuable. It is essential that pathways continue to develop within the Aboriginal and Torres Strait Islander communities across rural and remote areas of Australia. ●



Photo: SANTIS

a climate of bullying

Rachael Uebergang and Anna Davis from the NT Working Women's Centre provided an indepth explanation of the facts (and the myths) surrounding workplace bullying at the 2013 CRANApplus Conference in Darwin. Here we focus on their findings about the working environments that can create a climate of bullying and what managers can do about bullying.

Various estimates suggest 15–33 per cent of people in Australia will be bullied at some time in their working life.

According to Rachael and Anna, there is a clear link between highly stressful working conditions and the development of a climate of workplace bullying. And the list of highly stressful factors in remote working environments is very long.

...there is a clear link between highly stressful working conditions and the development of a climate of workplace bullying.

Firstly, there's the list of factors that health workers feel they face more strongly in remote locations than in urban situations.

"All humans have the capacity to behave badly when stressed, confronted by intense pressure or when our mental and physical resources stretched to the limit." So says experienced psychologist and mediator Dr Moria Jenkins in a submission on workplace bullying to a House of Representatives inquiry.

Bullying, she says is "a method used by some individuals to gain control of their environment."

These include:

- feeling overloaded with really long hours, performing multiple roles and having a lot of responsibility
- feeling a lack of support and/or working alone, and not receiving adequate preparation, training or experience to be in a remote setting
- coping with highly stressful environments and being exposed to high levels of trauma and complex cases
- experiencing professional and social isolation: with access to fewer support services to access professional support, forcing them to travel great distances
- feeling they are unable to separate their private time from their work time, and facing a lack of privacy to take a break and recover.

Rachael and Anna point out that, in a remote, confined community, someone who is bullied will see the bully at the shop, at the dinner party, at the clinic. They may live and work in the same place, often in inadequate housing, and they may even learn that the alleged bully has accessed their personal medical file.

They also point out that being managed from afar can mean that their manager has little knowledge of what is happening on the ground, which may mean that a bullying culture goes unchecked. ►►



» In addition, Rachael and Anna also list other factors common in remote settings that lend themselves to bullying behavior occurring or going unchecked.

These include:

- restructuring, downsizing, understaffing and under-resourcing
- high staff turnover
- unclear command structures
- role ambiguity (not being sure about what jobs you are required to carry out)
- lack of autonomy (being dependent on others in order to carry out your own job)
- lack of systems and policies
- negative and stressful working environments, hectic pace of work
- long hours
- climate of violence and aggression

While managers can become a target of bullying themselves, or witness bullying and not know how to respond, there is also the danger of managers becoming a bully themselves, due to the triggers and stressors mentioned.

Rachel and Anna provided a couple of examples to illustrate their point.

The first was the example of managers stretched beyond their level of competence, skills and learning, which can unfortunately lead some, especially those with low self esteem or those who feel insecure in their abilities, to become defensive and strike out at those around them who are perceived as more competent and thus a threat.

Another scenario is of a manager suffering work overload with too many tasks and not enough time to carry them all out.



For example, a team leader performing a number of roles that she believed were outside her job description because of significant staff shortages and changes taking place in her workplace, described herself as being anxious and stressed. She said that staff had told her that she was becoming aggressive. She was later accused of bullying by a member of her staff.

Managers have responsibilities to prevent and address bullying in the workplace, as with any other OH&S hazard. Rachel and Anna said it was important to focus on the prevention and management of bullying.

Firstly managers need to be able to distinguish between what is bullying and what is not.

What is workplace bullying?

Workplace bullying comes in many forms. As well as verbal and physical abuse, victims may find themselves marginalised from normal work or social activities, left out of the information loop or perhaps not given enough work to do. Or they may be unreasonably overloaded with work, given unreasonable tasks or denied leave.

The Australian Human Rights Commission's definition of workplace bullying says it includes behaviour that intimidates, offends, degrades, or humiliates a worker.

Workplace bullying is NOT:

- legitimate advice/direction from managers
- occasional differences in opinion
- setting performance goals
- appropriate management of work hours
- deciding not to select a worker for promotion
- implementing organisational changes

Often it's not what the manager does, but the way they do it, that may move a reasonable management action into the realm of bullying, or may contribute to producing an environment where bullying is more likely to occur.

The Don'ts

Rachel and Anna said that many of their clients found the most difficult part of their bullying experience was not the actual bullying itself, but the lack of an adequate response from their organisation. These actions or omissions from management have often compounded the distress felt by the target.

The manager may take the bully's side because it's easier to replace the target than the bully.

Bullying behaviour is sometimes 'explained away' as a personality clash, an attitude problem, or strong management.

Here are some typical management mistakes encountered when dealing with a bully at work:

- Management often seeks to appease the bully by assuming that his or her aggressive behaviour will cease when the bully is given what he or she desires. This often results in a short-term elimination of the behaviour, but the bully usually resumes and sometimes escalates the aggression when he or she wants something else.
- Management may mistakenly believe that the problems will go away if the bully's behaviour is ignored – if this is the response, the bully goes unpunished and is likely to escalate his or her aggressive behaviours since there is no logical reason to stop.

Workplace bullying experts, Dr Carlo Caponecchia and Dr Anne Wyatt commented in the 2012 House of Reps Inquiry: "There is... the fear that taking action to prevent and control psychological hazards will unleash a flood of similar complaints, and ultimately end in litigation, finger pointing and threatened careers. These perceptions are baseless, inadequate [and] irresponsible. "

- Management often blames both of the parties involved in the situation, with the target being blamed for not getting along with the bully.

- Sometimes management will blame only the target in an effort to stop the target from complaining. As a result, the target is made to suffer twice – once at the hands of the bully and once at the hands of management.
- Believing the group means taking the word of multiple employees over that of the target. With this response, the assumption is that the majority is always right; however, the group may be lying about the target or acting out of fear or ignorance. The manager may take this approach because it is easier to discipline one employee than to take a stand against multiple employees.
- Sometimes there is an inherent bias towards the bully, particularly when they are in a supervisory position or are perceived as being a valuable or irreplaceable worker due to their skills, qualifications or position. The manager may take the bully's side because it's easier to replace the target than the bully. Unfortunately, bullies rarely stop at one target, so the problem does not go away.

The Dos

What can you do as a manager?

Step 1: Recognise bullying as an Occupational Health and Safety (OH&S) hazard which, like all other workplace hazards, both employers and employees have responsibilities to address. Treat it as you would any other risk, except know that it is far more prevalent and thus likely to occur than most other OH&S hazards.

Step 2: Be observant, assess the risk. Determine whether and to what extent workplace bullying is occurring in your workplace. Consider these questions:

- What factors are occurring in your workplace that may lead to bullying e.g. restructure, workload increase, loss of staff?
- are there signs of increased staff absences or a high turnover of staff in a particular area?
- Are there complaints of bullying?

Some workplaces use climate surveys, audits or staff consultations to assess to what extent bullying might be occurring. ►►

» **Step 3:** Control the risk. Managers, in consultation with the staff, need to develop or review workplace policies that address bullying. Good policies set the framework for the culture of the organisation.

The success of the policy will be linked to the extent that employees believe management are committed to it and are capable of applying it. The policy therefore needs to be supported by the senior management. Policy should include a commitment to training for managers and staff.

Procedures to address complaints should be known to all staff and, easily understood.

They should include detail about addressing risks early, managing complaints properly and conducting fair and transparent investigations.

The bystander

We know that bystanders are affected by – and can affect – bullying behavior.

The bystander is the third person in the bullying triad, and the power they have to stop bullying is rarely considered.

Bystanders are often passive, allowing the bullying to go on unchecked, which may be because of the well-researched ‘bystander syndrome’ whereby individuals do not offer any means of help to a victim when other people are present. The probability of help is inversely related to the number of bystanders, as the sense of responsibility becomes more diffuse along with a greater number of bystanders.

Bystander interventions are increasingly being recognised as effective mechanisms to reduce workplace bullying and build a healthy workplace culture. Bystanders can be active, by naming the bullying, offering support to the target, and reporting the bullying behaviour and promoting a zero tolerance stance against workplace bullying.

Emotional consequences

When an adult is bullied, there is embarrassment, low levels of understanding, few support systems and even fewer organisational processes upon which to rely for safety and relief.

The emotional consequences for the target of the bullying should not be underestimated.

They include:

- depression
- feeling confused or like you’re going mad
- nausea and constant sick feeling, including vomiting on the way to work or when thinking about work
- headaches
- sleep and eating problems

Prolonged, serious workplace bullying can be emotionally and physically devastating, leading some workers to be unable to work for years. Rachael and Anna said that workplace bullying had contributed to NTWWC clients being hospitalised for:

- heart attack
- stroke
- depression
- attempted suicide

Relationships can also suffer. Workplace bullying can put intense strain on relationships, with people feeling, for example, that their partner is tired of listening to their stories, or is cross with them for not taking some action.

People targeted by bullies can also feel guilt because they believe they have developed an unusually short temper or are struggling to cope with their children. This leads to some people becoming silent about the bullying because they feel like there is nobody left that can listen to them.



►► As with all workplace hazards, it is far easier to deal with the risks before they occur. There are numerous strategies to create positive workplace cultures that are built on respect and acceptance of difference.

There are many practical guides to assist with controlling the risk. We recommend *Making a Difference* which is produced by WorksafeSA and the Working Women's Centre SA and is available at <http://www.ntwwc.com.au/index.php?page=resources-and-fact-sheets>

The law

On 1 January 2014 new workplace bullying laws became effective in the form of anti-bullying measures introduced into the Fair Work Act (2009). It means that for the first time, there is an all-encompassing law that makes bullying conduct unlawful and a right to redress workplace bullying through the Fair Work Commission.

Employees can make an application to the Fair Work Commission for the bullying to stop. The Fair Work Commission must start to deal with the complaint within 14 days and may refer the application to mediation, conciliation or a hearing. Whilst the laws are brand new and we watch closely to see how they will applied, they are a very positive step towards addressing the problem.

Need more help or information?

There are Working Women's Centres in South Australia and Queensland. If you are a union member, we recommend you contact your union.

Myths versus reality

Whilst community understanding of workplace bullying has grown markedly in the last ten years many myths about workplace bullying remain, the table over page depicts what some of those myths are against the reality of the experience of the NTWWC. ►►

» The Myth	The Reality
It's the shy quiet people that get picked on	It's often the very competent workers that are well liked
It's just the minority or disadvantaged groups that get picked on i.e. Culturally and Linguistically Diverse workers or workers with disabilities	<p>Studies show that minority groups can be more vulnerable to workplace bullying</p> <p>NTWWC data from January – June 2013 shows that of the women who came to talk to us about workplace bullying 32% were Aboriginal or Torres Strait Islander, 32% were Culturally or Linguistically Diverse and 36% were of English Speaking Background.</p> <p>While these statistics suggest that minority groups may be more vulnerable to bullying, they are not the only ones who are targets of bullying. Remember it's also often the very competent workers that are well liked and that do not appear to fit into a minority group</p>
He or she is not really bullying, it's just strong management	<p>Strong managers have good management skills, they don't need to bully</p> <p>In fact people who bully are often insecure and perceive a threat by another competent worker</p>
It's just a personality clash	<p>The power dynamic in workplace bullying is different. Where there's bullying one person holds the majority of the power and the other person feels the hurt, fear, humiliation etc.</p> <p>Where there is a personality conflict the power is more evenly shared between the disputing people and they are both likely to feel, frustrated, hurt, angry etc.</p>
The person who is being bullied should just tell them to stop	While this might be an OK idea very early on in the bullying relationship, it should not be recommended if the target is feeling unsafe or if the bullying is very serious and entrenched because it can make the bullying worse
A mediation session will fix up a bullying problem	Again this might be an OK idea very early on in the piece but rarely works for very serious and entrenched bullying. Mediation must be voluntary and parties must be able to participate equally
If 'my staff' have had training we are covered	<p>NTWWC staff often hears the view that only the workers or 'my staff' need to go to workplace bullying training because the managers already understand the issues. But it's in those very same organisations that we see the following problems:</p> <ul style="list-style-type: none"> • high level managers being bullies themselves • managers, including managers who are identified bullying or harassment grievance officers, who are unaware of their own workplace bullying policy • managers being unable to identify serious workplace bullying • managers unable to (for a range of reasons, some not their own fault) prioritise and pay attention to allegations of bullying • managers who are unable to follow their own bullying policy due to a lack of knowledge, skill, the demands of their own job or insufficient support



Announcing the BSS Mindful Photography Competition

Mindfulness: the art of being 'fully present'

Calling all remote health practitioners, including Aboriginal and Allied Health Workers – whether you are still working out bush or have already returned home

Mindful photography is about capturing ordinary moments in everyday life that encourage you the viewer to be 'in the moment'.

No special equipment is required. Mobile phone cameras are great because you carry them around and are therefore able to be employed when your eye is caught by the 'extra-ordinary'.

This competition is not about photos of people or intrusion into others lives. Its about fostering calmness and self awareness – noticing the light, different nuances of colour and it can also be about seeing the world differently.

The most ordinary and mundane e.g. Stacks of shopping trolleys can be beautiful if focused in on in a different way.

Photos will be compiled in an electronic display and will be on show at the CRANA*plus* Conference in Melbourne in October. They will be judged by an independent person and the overall winner will be awarded a prize of \$500.

Remember that it is eye for detail that we are looking for – evidence that the photographer is fully aware and noticing and engaging with their environment.

If you have a photo that encapsulates these factors email it in to us!



Australian Government
Department of Health and Ageing

To enter email
your photos to:
therese@crana.org.au

**You will be sent an email
confirming that your entry has been received.**



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