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CRANA *plus* magazine

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from the editor

This Autumn edition offers a balance of stories and information that we are sure will be of interest to you. It's in keeping with the season: a time of year that attempts to balance out the extremes of weather we experience in this great country.

We are thrilled that both Keynote Speakers for our Hobart Conference are now confirmed and you can read about them on pages 13 and 14. Register soon to receive early-bird rates.

Among our regular features, members share stories of the joys and the challenges they experience in their day to day practice, telling us what influenced their decision to work remote. We also have students, some experiencing remote and isolated health settings for the first time, sharing their engaging stories and photos.

It will not come as a surprise to the remote health fraternity that the individual featured in the ICON section this edition has been a key player in remote health in Australia for 30 years, and still counting.

It is with pleasure we welcome four new Corporate Members: Marthakal Homelands Health Service; North & West Remote Health; Animal Management in Rural and Remote Communities (AMIRRC); and RNS/Belmore Nursing. We look forward to our new partnerships and to working with these fine organisations. As with all our Corporate partners we thank them for their support of CRANAplus.

Enjoy this edition and if you have a story to share with our readers in future editions, don't hesitate to contact us.

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

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

About the Cover: Lane Johnson and CareFlight pilot Andre Falconer admire a newborn at the airstrip at Nhulunbuy.



from the ceo



Dear CRANaplus Members and supporters, welcome to the latest edition of the CRANaplus magazine, the premier tool to communicate the passion, innovation and challenges of the remote and isolated health workforce across Australia. Considering the broad and extensive distribution of this magazine, we also welcome the Aussie workforce who are in isolated locations across the globe, working in development, conflict and disaster recovery.

Our Education Team have been busy ensuring affordable, accessible education and training meets your unique needs.

Our Bush Support Team remain available 24/7 to assist you and your family. Unfortunately the burden of interpersonal conflict and poor management systems are continuing to take its destructive toll on many within our workforce.

Our Professional Services Team work tirelessly to create resources and processes to help you improve the safety and quality of remote healthcare, while helping ensure remote and isolated health is considered when the big decisions are being debated around the boardroom tables.

I'm often challenged about the multi-disciplinary nature of CRANaplus, and how an organisation with such a strong Nursing heritage can truly be multi-disciplinary. In my experience people want to be part of CRANaplus because of an alignment with their own personal values, a desire to belong to a strong, friendly network of likeminded professionals and to be part of the solutions in remote and isolated health.

That being the case, your discipline or craft group is less of a factor than participating, engaging and contributing when it comes to CRANaplus. Our individual disciplines often help us view the world in a particular way and something of which we should be extremely proud. This diversity is what makes CRANaplus strong.

Perhaps words like 'collaborative' and 'inclusive' are much more suitable to use than 'multi-disciplinary'?

Cheers

Christopher Cliffe
CEO, CRANaplus



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

YNA has placed nursing staff across Australia since the 1970's. We have Australia's most experienced management team and a dedicated Rural and Remote service team that are able to offer the highest level of service and support to both our clients and nursing staff.

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engage

president's musings

Significant issues have occurred for remote Australia over the first quarter of 2016 – the release of the 2016 *Closing the Gap* Report and the loss of a great friend of remote Australia – Professor Paul Pholeros.

The *Closing the Gap* Report tells us that the areas 'on track' are:

- halving of the gap in child mortality by 2018;
- halving the gap in reading and numeracy for year 3, 5, 7 and 9;
- the gap in year 12 attainment; and
- that there are 85 per cent of 4 year olds in remote Australia enrolled in preschool.

While, in economic development, the biggest gains continue to be in urban and large regional areas, it is pleasing to see firmly in place the mandatory minimum requirements for Indigenous employment and 'first quote' options for Indigenous businesses as part of the supplier contracts. It is also pleasing to see for the first



Above: Dust storm, Lucky Bay, SA.

time a page in the report on Constitutional Recognition and that some of the initiatives over the years are having an impact.

'Not on track' are:

- the reduction in the gap in life expectancy due to increases in cancer mortality and chronic diseases;
- the gap in employment which is 20 per cent less than in cities; and
- the gap in school attendance, which is 24 per cent lower in remote.

Of concern is the geographical gap where the NAPLAN results for Indigenous students vary sharply by remoteness – with 82 per cent in metropolitan areas meeting the year 5 reading test compared with only 38 per cent in very remote areas.

I realise that some people speak out against the *Closing the Gap* initiative, and it is very difficult not to be frustrated by it. However,

it is a little like watching a child grow: looking at them every year there is not much difference, but looking over the course of a decade gives us a much better picture of where they are going. So while we need to be patient, we also need to be advocating strongly for those in remote and very remote Australia where their statistics get lost: they only report on five states (still in 2016!) and progress continues to be not good enough.



He was a mountain of a man and was passionate about what he did and he improved the lives of many.

Many of you will remember Professor Paul Pholeros AM who was the keynote speaker at our Melbourne CRANaplus Conference, whom I first met over 20 years ago. Paul was an architect, the co-founder Director of *Healthabitat* who worked extensively on health and housing projects in remote Indigenous Australia and overseas in many places like Bangladesh and India for over 30 years. He was a mountain of a man and was passionate about what he did and he improved the lives of many. It was with great sadness that he died aged 62 in February. He was a great friend of remote Australians and will be sorely missed.

I hope your year is off to a good start, and remember to do something nice for yourselves every day.

Dr Janie Dade Smith
President, CRANaplus ●

confronting health issues for mums-to-be

Recently I was immersed back into midwifery practice in a remote community focusing on antenatal and postnatal women.

The decreasing state of health of young Indigenous childbearing women was extremely confronting. Where have we come to with 'Closing the Gap' and addressing the social determinants of their health?

I saw such morbidity and poor health in young Aboriginal and Torres Islander women – multiple pregnant women with chronic kidney disease, rheumatic heart disease and diabetes. How can this be in this small community with approximately 25 births a year?

This generation of young women are revealing multiple co-morbidities at a very early age. A first time pregnant woman of 21 years presented with Chronic Kidney Disease (CKD) (stage 4). She is considered a walking time bomb as the pregnancy progresses to term. Another pregnant woman who is also high risk aged 28 years, with CKD presented at 12 weeks gestation,. She will require multiple medical referrals during her pregnancy taking her hundreds of kilometres from her community to ensure again a less complicated pregnancy and birth.

These young mums will have to leave their families and community for up to three months to ensure their health and the health of their unborn children is the best it can be. Such upheaval is not ideal as it dislocates them from family and social networks during this important time.

There is no easy answer to my questions. It seems we have been talking about this for many years but the impact on reducing kidney disease, rheumatic heart disease and diabetes seems minimal.

During my time working remote, I was 'regrounded' about the overwhelming realisation of what is really important in life.

And for the people in these remote communities, it is clear to me that what is very much needed now are preventative strategies to deal with overcrowding in housing, quality and affordable food, access to functional washing machines, operational plumbing systems and a sense of community responsibility.

Glenda Gleeson
MEC/MIDUS Coordinator
CRANaplus ●



a health lesson in caring for your family dog

Caring for dogs requires considerable learned knowledge. By engaging community members in discussions about caring for dogs, AMRRIC education programs reinforce broadly applicable health concepts.

AMRRIC (Animal Management in Rural and Remote Indigenous Communities) coordinates veterinary and education programs in remote Indigenous communities. Our approach recognises the complex connections between human, animal and environmental health and wellbeing. Veterinary programs focused on population control and prevention of potentially zoonotic parasites have immediate, practical health benefits for the dogs and the community.

Our education programs allow us to bring long-term benefits by engaging community members in conversations about dog health and how it affects family health.

AMRRIC's education programs fall into two main categories – community education and school-based education.

Community education programs support our veterinary programs, building awareness, understanding, and engagement.

Our school-based programs are centered around AMRRIC's *Be a Friend to Your Dog* education package which teaches children about dog health and welfare and how it relates to human health. ►►



Prestina and Neda.

► The *Be a Friend to Your Dog* package includes unit plans and culturally appropriate resources suited to students from Foundation (Preschool) to Year Six. It provides a rich source of learning experiences for students to develop:

- empathy for dogs' feelings;
- an understanding of dogs' needs and behaviours;
- safe personal behaviours around dogs;
- knowledge of the relationship between dog and human health;
- knowledge of dog management programs;
- an understanding of owner responsibilities that contribute to the wellbeing of dogs.

Our message to school children and community members is that prevention is the key. Having a healthy dog can help prevent diseases being passed on to your family; a sick dog can impact on your family's health and make them sick.

AMRRIC Education Officer Melissa Pepper says "My favourite lesson is a dog washing activity which incorporates learning about germs and how they spread. With the help of a GloGerm

kit, kids can see how many germs live on dogs and why it is important to wash your hands after playing with your dog. It's a great interactive lesson that allows kids to see how germs transfer, and it's also lots of fun."

"My favourite lesson is a dog washing activity which incorporates learning about germs and how they spread..."

When veterinary programs are integrated with school and community education, health concepts are further reinforced. Students and community members are able to watch the vets preparing patients and performing sterile surgeries, applying knowledge of germ theory and hygiene. Lessons about basic anatomy and reproductive control are given real life context when owners are given the choice to have their animals desexed.



AMRRIC's *Be a Friend to Your Dog* program in action.



Children and adults alike are able to recognise the beneficial effect of medicines when mangey dogs, following antiparasitic treatment, regrow their hair and stop scratching.

For middle and upper primary students we can tell the dog health story with our felt dog lesson (pictured above). We use a pre-made kit with string/wool worms to show how worms move into the intestinal tract, are then excreted out and spread via faeces. We also use little button ticks with wire legs, to explain how external parasites can make dogs sick.

By integrating our veterinary and education programs AMRRIC improves the health of companion animals, aids in improving community health literacy and helps create healthier, safer and happier communities.

Our animal health resources are free and available for download at www.amrric.org/resources. The *Be a Friend to Your Dog* package is available to download for free at www.amrric.org/beafriendtoyourdog

When veterinary programs are integrated with school and community education, health concepts are further reinforced.

We aim to collaborate and share our resources. Please contact AMRRIC for advice about our programs and resources at info@amrric.org ●

tackling drowning statistics

The 'Respecting the River' campaign and an online resource targeting young people are just two projects by Royal Lifesaving South Australia aimed at reducing drowning deaths.

While most drownings occur at sea, a staggering 37% of all drowning deaths in 2014/15 happened in inland waterways – rivers, creeks, streams, lakes, dams and lagoons.

The Murray River, running through South Australia, is in the Top 10 black spot locations in Australia.

As part of their 'Respect the River Campaign', Royal Life Saving South Australia is partnering with local stakeholders to educate people of all ages on safe practices around the river. Members are visiting local schools and

communities and talking to campers, boat users and recreational water users to help local communities be more educated on how to stay safe when in, on or around the river.

While the river is a beautiful place to enjoy, it can also hide many dangers that people do not take into consideration. Hidden factors include sunken hidden debris, unknown depth due to environmental changes and changing water temperature.

Respect The River – River Safety Tips

- Wear a Lifejacket
- Avoid Alcohol & Illegal Drugs Around Water
- Never Swim Alone
- Learn How to Save a Life

The Bronze e-Lifesaving program is one of Royal Life Saving South Australia's aquatic programs

and training courses to raise awareness about supervision, aquatic proficiency, lifesaving and rescue skills and first aid.

While the river is a beautiful place to enjoy, it can also hide many dangers that people do not take into consideration.

This interactive online course challenges and engages youths on issues such as risk-taking behaviour, peer influences and alcohol consumption when recreating in and around water.

Using aquatic themes, students explore personal attitudes, beliefs and personal relationships and develop skills in making informed decisions, refusal tactics and leadership. Bronze e-Lifesaving teaches students survival skills, rescue techniques

and basic emergency and first aid care for managing situations where their own or others' wellbeing and safety may be at risk.

This program, free to Australian secondary school students, can be easily implemented in the classroom and has strong links to learning outcomes in the new Australian Curriculum: Health and Physical Education. There are two units, suitable for Year 7 and 8 students, and for Years 9 and 10.

For more information and to access the program visit <http://www.royallifesaving.com.au/schools/in-the-classroom/e-learning> or call Royal Life Saving – South Australia office on (08) 8210 4500

Information for this article was gathered from Royal Life Saving Australia 'National Drowning Report 2014/2015' and the organisation's website at www.royallifesaving.com.au ●





CRANaplus encourages you to submit an abstract for the
**2016 CRANaplus Conference: Going to Extremes: How isolation, geography
& climate, build resourcefulness & innovation in healthcare.**

Remote, isolated and rural practice is far away from the dominant metro centric models of health care. This results in adaption and innovation to adjust to the extreme conditions and characteristics of our amazing country.

'Going to Extremes' can come in many forms and requires our health workforce to be adaptive and flexible to ensure high quality healthcare despite:

- The extremes of climatic and weather conditions
- The vast distances and the Isolation caused by geography
- The expanded and extended roles we undertake to meet community needs
- The social and cultural diversity within and between communities

CRANaplus invites you to submit an abstract (either presentation or poster), highlighting how isolation, geography and climate, have helped build resourcefulness and innovation in the delivery of safe, high quality healthcare.

We encourage submissions from:

- Healthcare professionals
- Consumers and communities
- Service providers and managers
- Professional and Industry bodies
- Undergraduate and postgraduate students
- Researchers and education providers

An 'Encouragement Award' is offered annually for the best 'first-time' presentation at Conference.

Presentations are 15 minutes with additional time for questions at the completion of each session.

Closing date for Abstracts: Monday 16 May 2016
Full details are available on our website: www.crana.org.au

keynote speaker



When he retired from the High Court of Australia on 2 February 2009, **Michael Kirby** was Australia's longest serving judge. He was Acting Chief Justice of Australia twice.

Following his judicial retirement, Michael Kirby was elected President of the Institute of Arbitrators & Mediators Australia from 2009–2010. He serves as a Board Member of the Australian Centre for International Commercial Arbitration. In 2010, he was appointed to the Australian Panel of the International Centre for Settlement of Investment Disputes (World Bank). He also serves as Editor-in-Chief of The Laws of Australia. He has been appointed Honorary Visiting Professor by 12 universities.

In 2010, Michael Kirby was awarded the Gruber Justice Prize. He served 2011–2012 as a member of the Eminent Persons Group investigating the future of the Commonwealth of Nations.

He was appointed as a Commissioner of the UNDP Global Commission of HIV and the Law. In March 2011, he was appointed to the Advisory Council of Transparency International, based in Berlin. In 2013, he was appointed Chair of the UN Commission of Inquiry on Human Rights Violations in North Korea. He was also appointed in 2013 as a Commissioner of the UNAIDS Commission on moving from AIDS to the Right to Health (2013–2014). ●

keynote speaker



Bob Brown was elected to the Senate in 1996 after 10 years as an MHA in Tasmania's state parliament.

In his first speech in the Senate, Bob raised the threat posed by climate change. Government and opposition members laughed at his warning of sea level rises and it took ten years for them to finally begin to acknowledge the causes and effects of climate change.

Since 1996, Bob has continued to take a courageous, and often politically lonely, stand on issues across the national and international spectrum. Some of the many issues that Bob raised in the Senate included petrol sniffing in Central Australia, self-determination for West Papua and Tibet, saving Tasmania's ancient forests, opposing the war in Iraq, justice for David Hicks, stopping the sale of the Snowy Hydro scheme and opposing the dumping of nuclear waste in Australia.

Bob was re-elected to the Senate in 2001. Following the election of four Greens senators in 2004, Bob became parliamentary leader of the Australian Greens in 2005.

The 2007 election saw Bob re-elected to the Senate for a third term, receiving the highest personal Senate vote in Tasmania and being elected with more than a quota in his own right. In 2010 Bob led the Australian Greens to a historic result with more than 1.6 million Australians voting for the Greens and the election of nine Senators and one House of Representatives member. As a result, the Greens gained balance of power in the Senate and signed an agreement with the ALP which allowed Prime Minister Julia Gillard to form government. A key part of this agreement was the Greens requirement that a price on carbon be introduced, which led to legislation being passed at the end of 2011.

Bob stepped down as Leader of the Australian Greens, and then retired from the Senate in June 2012. After leaving parliament he founded the Bob Brown Foundation to support environmental campaigns and activists around Australia and our region. ●

More speakers will be announced in the next edition of the CRANAplus magazine. For updates in the meantime visit:
<https://crana.org.au/conference/2016-conference>



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sponsorship available to attend the CRANAplus Conference in Hobart

CRANAplus is committed to ensuring the remote and isolated health workforce have an opportunity to attend their National Professional Conference.

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CRANAplus is willing to support:

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- Health care providers working in the Australia's remote and isolated areas.
- International health care providers.

Eligibility criteria

The applicant may be:

- A presenter
- An invited international delegate
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- An individual seeking assistance to attend the Conference

(Preference will be given if the Applicant is a member of CRANAplus and then other nominations will also be considered.)

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https://crana.org.au/uploads/pdfs/2016-CRANAplus-Conference-Sponsorship-Form_are3.pdf

Applications close 31 May annually

remote nursing is a lifetime's work for sabina



Remote nursing has been centre stage throughout Professor Sabina Knight's entire professional life, which has spanned NSW, the Pitjantjatjara Lands in northern South Australia, Central Australia and Queensland.

Since her early nursing days back in the late 70s to her current position as Director of the Mount Isa Centre for Rural and Remote Health (MICRRH) at James Cook University, a major impetus for Sabina has remained

a commitment to helping provide the best possible nursing care to clients in Outback Australia, particularly Indigenous Australians.

"I never thought remote nursing would take over my life," said Sabina, who comes from rural NSW. "I thought I'd get a bit of land and run some horses one day."

Back in 1983, Sabina played a key role in the core group that ran the country's first national remote nursing conference in Alice Springs, an event that gave birth to the organisation we now call CRANApplus.

And Sabina is more than proud that this body, now a nationwide mouthpiece for remote area health workers, has developed and evolved – but still has a core social justice purpose.

"I never thought remote nursing would take over my life... I thought I'd get a bit of land and run some horses one day."

Back in the 80s "it was dire times for health in the Outback, particularly for Aboriginal and Torres Strait Islander people," Sabina said. "We didn't have enough equipment, or enough medicine, and we recognised there was a lot we could do – through government, policies, and our own efforts – if we had our own voice.

"At the conference in Alice Springs we came together from all over Australia and realised that we all shared similar stories. It was a terrible situation and we thought if we got that message across, everything would be fixed.

"CRANApplus, over the years, has never lost sight of why it was formed. It's not about promoting nursing. It's about having a strong social justice base."

One of the organisation's greatest achievements is "recognising our place in the world," said Sabina.

"Our membership is capable of putting the right people at the table to work collaboratively with other organisations and governments, and to say 'What can we do?'

"The organisation's educational arm and the Bush Support Services are major achievements helping to provide the best possible medical care in remote Australia.

"Most remote professional workers are in small teams so it's important to recognise these can become real pressure cooker situations.

"To provide the best service as a health worker, you need to know what you are doing and you need to be guided through the settling-in process, wherever you are. In the cities, they can be subtle differences – when you go remote they are absolutely magnified. You are working at a high level, you are responsible for many things, and you have to rely on your own resources, as well as deal with the cultural adjustments."

Reflecting on her remote-area nursing career, Sabina said: "Working remote you roll your sleeves up and you make a tangible difference."

"CRANApplus, over the years, has never lost sight of why it was formed. It's not about promoting nursing. It's about having a strong social justice base."

Sabina ticks the CARPA Standard Treatment Manual as one of her major achievements. The manual was developed by the Central Australian Rural Practitioners Association (CARPA) in response to a critical need to support remote clinicians. Sabina was a founding member of CARPA in the 80s, and, as a committed leader in evidence-based practice, she was a member of the initial and subsequent five CARPA editorial committees, chairing the past three, as well as conceiving and chairing the two editions of the CRANA Clinical Procedures Manual for Remote and Rural Practice. ►►

►► These manuals, together with the Women's Business Manual and Medicines Book for Aboriginal Health Workers, have now morphed into the Remote Primary Health Care Manuals Project – with an integrated editorial committee which Sabina chairs.

"These are successful products because they are written for the users by the users," says Sabina.

Throughout her career in remote nursing, research, education advocacy, policy and leadership, Sabina has primarily focused on health inequalities and health workforce maldistribution – for remote, isolated and vulnerable populations.

She has served on numerous national, state and regional committees and advisory councils and is the current chair of the Australian Rural Health Education Network. Her policy expertise has been widely used: in 2008 she served on the Expert Panel on the Social Impacts of Drought and she is a Commissioner on the National Health and Hospitals Reform Commission.

"To provide the best service as a health worker, you need to know what you are doing and you need to be guided through the settling-in process, wherever you are..."

While Sabina is now in the world of academia, she can still be found sneaking back into the clinic for a bit of hands-on experience.

"It's important to keep in touch with what's happening on the ground, says Sabina,

who has tried to do locum work over the years since moving into management and teaching roles. "You can't teach others if you aren't up to date," she said, "and locum work is an opportunity to make sure you don't romanticise remote work, and to keep up with changes to clinical practice."

"I have been able to develop and expand from that solid base. It is so important to recognise the shoulders you stand on."

A strong collaborator and networker Professor Knight brings together people, resources, communities and services with common interests and passion to innovate and build a brighter future in and for outback Australia.

Under her leadership MICRRH has doubled in size, capacity and footprint across outback Queensland. "I came in to an organisation with a solid foundation," Sabina acknowledged. "I have been able to develop and expand from that solid base. It is so important to recognise the shoulders you stand on."

Sabina came to MICRRH from the Centre for Remote Health in Alice Springs, where she also made her mark, being a 2010 finalist of the NT Australian of the Year award and Centenary Medallist.

Sabina, whose experience gives her insight and a depth of knowledge of advanced practice nursing, particularly in primary care and Indigenous health, says "it is important as you go through your career, to support from behind.

"You have to have young people coming through and so it's important to step aside, and encourage others," she said.



Looking back at the 1983 conference, Sabina recalls: "We were young. So innocent and naïve. But there's nothing wrong with that.

"We saw the 3rd world conditions, the lack of water, no sanitation, the poor facilities for the health workers.

"The health system has improved: we have guidelines for people new to remote nursing to follow and they know exactly the right service to deliver. And we have systems in place to ensure the right drugs will be on the shelves, and the equipment will be there.

"The situation is still awful. There is still much to be done. There is still overcrowding. But there is running water."

"The health system has improved: we have guidelines for people new to remote nursing to follow and they know exactly the right service to deliver..."

As Director of MICRRH, Sabina continues to advocate and work towards improving conditions for remote Australians through improving the standards of health care.

And that bit of land with some horses is still on her bucket list... ●

my dream job

Administering emergency treatment as the only medical person in a small plane heading for Darwin hospital sounds daunting. For Careflight Registered Nurse and Midwife Lane Johnson, the word is 'empowering'.

"This is my dream job," says Lane, who has swapped nursing life in Sydney's North shore for a job that involves answering calls for assistance from remote areas of the Northern Territory.

From premature births to car accidents, Lane already has a swag of tales of despair and desperation, hope and joy after three years on a Careflight team of two – nurse and pilot – preparing each working day for the worst and expecting the unexpected.

"The health workers in these remote areas are so underrated," Lane said. "They are resource poor with no access to equipment such as ultra-sound and x-rays. In a car accident, for example, they don't have the facilities to easily tell if a leg is twisted or shattered."

"The health workers in these remote areas are so underrated... They are resource poor with no access to equipment such as ultra-sound and x-rays."

"We swoop into a community, we are there for a couple of hours, and fly out with the patient, often with a dozen family members waving us off."

Early in her nursing training, a chat with Royal Flying Doctor Service nurses convinced Lane that this was her dream job and, from that moment, she set her sights on gaining the experience and qualifications she needed to become a flight nurse.

She won a scholarship to do her Graduate Certificate in critical care nursing while working in the Emergency department in her home town of Hornsby followed by a scholarship from the Australian College of Nursing to complete her graduate diploma of midwifery while working in Manly.

Her dream job was advertised in a CRANaplus magazine – and, at 25, Lane became the youngest-ever Careflight crew member.

"This life is a far cry from attending an all-girls' school in Sydney..."

Midwifery, which often involves spending hours with a mum before the birth and after, is a completely different pace to the frenetic action in an emergency ward, Lane said this training and work taught her a lot about herself and the need to support women as well as the practical skills.

Unexpected birthing in communities are some of the wonderful moments in Lane's working day. But it's not always a happy ending and she recalls a particularly traumatic flight when she had to help one woman give birth to a premature baby which needed CPR. Complicating the situation, treat another woman on board, with her newborn baby who had died.

"That was traumatic for the women. I was beside myself," said Lane. "It was very, very draining."

"With the vast distances in the Northern Territory there are inevitable tragedies."

"This life is a far cry from attending an all-girls' school in Sydney," Lane said. "There have been many steep learning curves, but it's come with great rewards and I consider myself really lucky."

Lane is featured in Paula Heelan's recently launched book *Australian Midwives*, a collection of 13 stories from across Australia. ●



CareFlight nurse and midwife Lane Johnson, pictured at Nhulunbuy, Gove Peninsula, NT.

locum program a win-win for rural and remote health

A unique locum service is helping nurse Liam Correy live the dream.

Originally from Tasmania, the West Australian-based registered nurse is exploring Australia while continuing to develop his skills and experience in rural and remote nursing.

Liam (pictured below) became a locum with the Nursing and Allied Health Rural Locum Scheme (NAHRLS) last year, completing two placements at Yorketown Hospital in South Australia.

"I travelled with my surfboard just in case and was lucky enough to get some waves on my days off. It felt like a real working adventure," he said.

Since it was first launched in 2011, NAHRLS has delivered more than 4,100 nursing, midwifery

and allied health placements to hundreds of public and private health services across Australia, from regional hubs to rural, remote and isolated locations.

The program enables health professionals employed in rural and remote areas to take annual leave or pursue continuing professional development.

The Aspen Medical-run initiative works to recruit, place and support locums, pays and organises their travel and accommodation, and also covers the cost of meals and incentives throughout their short-term placements.

Health services are required to pay the base locum rate and, as the service is Federal Government-funded, there are no agency fees or extra costs.

Locum work enables Liam, who has seven years' experience in emergency, critical care, neurosurgical ward and theatre nursing, to pursue his passion for caring for patients while discovering new parts of Australia.

Liam said NAHRLS removes the transport and accommodation expenses often associated with travelling for work to some of Australia's far-flung corners.

"I am incredibly thankful these opportunities exist," he said.

"The staff members at Yorketown Hospital were extremely friendly and hospitable.

"NAHRLS has given me a greater awareness and perspective on the great opportunities I have close to home and around Australia."

Yorketown Hospital Associate Clinical Services Coordinator Tanya Gutsche said the small rural hospital, located about three hours' drive from Adelaide, has tapped into the program for the past four years.

Ms Gutsche said the online booking process is user-friendly and efficient, enabling the hospital to benefit from vital locum support.

"The NAHRLS program ensures our community has a team of health professionals that are adequately rested and appropriately trained," she said.

"There are also some added benefits such as locums offering fresh ideas from previous workplaces, which provide a reciprocal learning environment."

Locums are credentialed through Aspen Medical before being matched to a rural or remote position based on their experience, skills and expertise. NAHRLS then sends a detailed list to the health service, which selects their preferred locum.

Aspen Medical's General Manager for Australian Subsidiaries Mark Ellis said the

affordable program ensures experienced health professionals are able to ease the backfill burden on rural and remote health services.

"We only send out experienced staff members who can slot very easily into their team," he said.

Mr Ellis said the service is a win-win for rural and remote patients, locums, health services and their practitioners, as well as sole practitioners.

"The NAHRLS program ensures our community has a team of health professionals that are adequately rested and appropriately trained..."

"An optometrist came up to us at a conference we attended in Melbourne. He was able to go to that conference because a NAHRLS locum was able to do his backfill," he said.

"More importantly for him, we were able to provide a cost effective service as we have subsidies and cover lots of the allowances – he didn't actually have to pay for them."

The program also goes a long way towards supporting the health and wellbeing of Australia's rural and remote workforce, reducing the risk of stress and burn out.

"This optometrist was actually able to come to this conference with his wife and family and share experiences with his kids, which he had experienced with his parents when he was younger – so going to the markets and having hot, fresh jam donuts and things like that," Mr Ellis said.

"The ability to have that break maintains mental health and wellbeing. Lots of people in rural and remote areas don't get those opportunities.

"It's an important program – NAHRLS is appreciated by people in rural and remote Australia and it's a program that actually works." ●



destination tennant creek



The Steel family headed off for Tennant Creek last year to experience remote life. "Driving through the Red Centre, feeling excited but daunted, we kept saying to one another 'we just have to give it a shot.' And we are so glad we did," said Registered Nurse Jasmine Steel. Here's her story.

I was born and raised on a rural dairy farm in Simpson, South West Victoria. Life there was wonderful. The environment taught me to be practical, resourceful and adaptable and the lifecycle of farming and country life lit my desire to become a nurse. After finishing secondary school, I moved to Bendigo, Central Victoria, to study nursing.

After graduation in 2007, I remained there and worked in surgical, orthopaedics, critical care and general practice, an area that particularly

stands out for me because continuity of care and relationships can be established and maintained over time, enabling and cementing health changes.

Over the last five years, my husband and I had considered moving to experience remote life. As a family, we were keen to make a big move. Our two children (6 and 2) were at a perfect age and the time was right to travel and experience all the outback has to offer. We bit the bullet mid last year; I applied for a position at the Aboriginal Medical Service in Tennant Creek, NT. I was accepted for the Women's health nursing position in the Health Centre.

Reactions from friends and family varied from the positive and encouraging to downright negativity, questioning the wisdom of our decision; "Why would you move there! Do you have any idea how bad it'll be?"

With no idea what life in Tennant Creek would be like, we valued the input of friends who had raised families there and had loved it. We would never find out unless we gave it a go, so we finished home renovations, packed up our belongings and we were on our way. I had never worked in remote locations, or worked in Aboriginal health, and I was looking forward to broadening my nursing experience and learning on the job.

Reactions from friends and family varied from the positive and encouraging to downright negativity, questioning the wisdom of our decision...

My primary portfolio is to oversee the Women's Business, provide screening tests, health checks, support women with treatment, and follow up. I also see many women and children with acute concerns. The majority of clients present with infectious illness and chronic diseases.

The epidemic of chronic disease blows my mind; seeing young people with life threatening preventable diseases disturbs me. Sometimes I feel like I'm making no progress with a client's health, but simply building trusting relationships, which provide a basis for my input, is rewarding enough. I love my work here.

My contract is for two years, and initially I wondered if we would manage the challenge of remote life and stay the distance. Now that we are settled in Tennant, we can definitely say that the move has been worthwhile. We have made many friends and love networking with others, as most us here have moved far from home and family.

Before moving away I applied for financial assistance through Northern Territory Primary Healthcare Network (PHN) and received the Rural Health Professional Program grant.

This assists with relocation and professional development expenses, and provides support to help equip me for remote nursing practice. I am very thankful to Northern Territory PHN for connecting me with this grant. ●



Jasmine with her husband Ash, son Denzel (6) and daughter Eliana (2).

cake to cape

Four medical students from Dundee Scotland recently completed a fortnight's placement in the remote Aboriginal community of Napranum on Cape York peninsula, 800 km north of Cairns.

It's a long way from Dundee to the Cape, but for 5th-year medical students from Dundee University Olivia Curran, Sarah Blue, Lauren Copeland and Ailsa Gelling, it was achieved in four steps of separation. Thanks to Lauren's boyfriend's aunt's friend who knows Dr Jacki Mein, Senior Medical Officer with Apunipima

Cape York Health Council, the four women were able to travel from Scotland to the north of Australia to achieve their aim to work with Indigenous people.

Travelling from wintry Scotland in December, they spent time in Sydney and Melbourne before heading to Apunipima's Cairns office to undergo a week of induction and to get kitted out with the organisation's distinctive orange shirts.

Lauren and Sarah headed to Napranum, a small Aboriginal community near the mining town of Weipa on Cape York, while Olivia and Ailsa spent time in the Cairns and Mossman Gorge. After two weeks the four switched places, completing their placement in mid-February.



(L-R) Olivia Curran, Ailsa Gelling, Sarah Blue and Lauren Copeland outside the CRANApus Cairns office during induction week.

During their time in Cairns, Olivia and Ailsa worked with a range of teams including Baby One Program team – a health worker-led pregnancy to 1000 days home visiting program, attended a Yarning Session involving narrative therapy (they now proudly display their watercolour paintings in their apartment) and assisted the electronic medical record team gather and update missing patient data.

"We also spent time trying (unsuccessfully) to create a cardiovascular risk score spreadsheet, learned about national Key Performance Indicators and spent time at Apunipima's Mossman Gorge Primary Health Care Centre," Olivia said.

"We've been placed in rural locations in Scotland so were aware of some of the difficulty providing care in such settings..."

Working in the Cairns office provided the students with a new appreciation of the administrative side of healthcare and gave them an insight into the complexities surrounding funding and the background work needed to support those out in community.

"We've been placed in rural locations in Scotland so were aware of some of the difficulty providing care in such settings," Ailsa said.

"The Cape is a more extreme version of this and so the importance of making sure healthcare is realistic in its aims has been made clear to us."

The challenges (and rewards) of providing health care in remote locations were made clear to Lauren and Sarah as they spent time in Napranum and Weipa.

During their fortnight in Napranum, Lauren and Sarah worked on transferring patient data into Apunipima's electronic medical record (as fifth year students they were unable to work with



City Limits – Lauren Copeland and Sarah Blue under the Napranum sign. Image courtesy of Matt Nicholls.

clients), giving them an insight into the burden of disease within the community.

"It has been interesting to appreciate the impact of chronic disease on these communities and the influence of access to healthy food and equally, to alcohol and cigarettes etc. on these problems," Sarah said. "Issues like the burden of type 2 diabetes, particularly in a younger population, has been illuminating and surprising and we think it is the comprehensive approach to tackling such problems that sets Apunipima apart.

"It's been interesting working in a community where there are three health providers (Apunipima, Royal Flying Doctor Service and Queensland Health). Clearly there is still work to be done on Closing the Gap between Indigenous and non-Indigenous Australians and it would be naive to think that any system is perfect for achieving this," she added. "However, we can honestly say we have had an excellent impression of the work currently being done. ►►

» "The staff we have met have all been fantastic and incredibly committed to their work which can clearly be challenging at times. However, the opportunity to provide care to such a diverse population with a unique culture and spiritual connection, is understandably very rewarding."

"Seeing the mix of community-based and Fly-In Fly-Out workers: it's obvious that community health workers are vital for the work of those who fly in and fly out to be meaningful for the residents of the community."

Along with their work, the women spent time meeting locals and visitors and participating in community activities.

"We've been introduced to fishing, bowls, squash, swam a lot in the pool, played social netball and ran a 5 km fun run on Australia Day," Lauren said.

"We've managed to meet the doctors and medical students working in Weipa who have been great at helping entertain us and get to places! Our biggest achievement has to be winning the trivia night at one of the local restaurants."

The women have both been inspired by their time in the north and Lauren is now seriously considering working in remote health when she graduates.

"The staff we have met have all been fantastic and incredibly committed to their work..."

"We both loved our time in Napranum/Weipa and would love further opportunities to spend time in Aboriginal communities," said Sarah.

"Lauren has real plans to return to Australia and since being in the community, is seriously considering pursuing a post in a rural area sometime in the future. The idea of Indigenous medicine really appeals to me also; I'm just not sure I could cope with the heat and the constant application of sun cream given my ginger complexion!" ●



Olivia Curran and Ailsa Gellan in the Cairns electronic medical record office.

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Can you think of someone or a group of nurses/ midwives in the workplace you would like to nominate for an Award category?

The **Aurora Award** recognises the Remote Area Health Professional of the Year.

The **CRANAplus Awards** categories are:

- Excellence in Education/or Research in Remote Health
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- Collaborative Team Award
- Novice/Encouragement Award
- Excellence in Mentoring Award

All nominations close 31 July

Download the interactive Nomination Form
<https://crana.org.au/membership/awards>

Awards are announced at the
CRANAplus Conference Awards Dinner annually

www.crana.org.au

RAHC appoints new clinical manager

Remote Area Health Corps (RAHC) has appointed Elly (Helena) Fontes as the organisation's new Clinical Manager. Ms Fontes (pictured right) has stepped into the role following the departure of Fiona Wake late last year to take up a new role within the Northern Territory Department of Health.

Ms Fontes is well-known to the RAHC team and health professionals on placement having previously held numerous roles within RAHC including Remote Educator, delivering Clinical Orientation, reviewing eLearning modules and representing RAHC at various conferences.

Ms Fontes is a highly regarded Remote Area Nurse (RAN) with a wide range of experience such as working as a flight nurse and as a Health Centre Manager as well as holding a Masters degree in Public Health. She also volunteers as a clinical educator/facilitator for CRANApus providing emergency skills to remote area nurses and facilitates the Advanced/Paediatric Life Support courses (APLS/PLS) as she holds a Certificate IV in Training and Assessment.

Ms Fontes is well-known to the RAHC team and health professionals on placement having previously held numerous roles within RAHC including Remote Educator...

"It is with great pleasure that we welcome Elly to the RAHC team and look forward to her valued contribution working to close the gap in Indigenous health outcomes. Elly brings to RAHC an extensive clinical background in critical care, emergency and remote area nursing and midwifery", says Mr Philip Roberts, RAHC General Manager.



Ms Fontes will lead the Clinical Team in delivering effective clinical support to the health professionals coming to the Northern Territory to undertake remote health placements.

Since 2008, RAHC has completed over 3,779 health professionals into remote communities in the Northern Territory...

She will be involved in the continued development, expansion and improvement of the quality of clinical services as well as developing positive relationships with the health professionals, health services and stakeholders with the overall goal of continuous improvement of the program.


Since 2008, RAHC has completed over 3,779 health professionals into remote communities in the Northern Territory, who collectively have provided the equivalent of 337 years of service. RAHC was recently re-funded by the Federal Government for a further three years.

Contacts

For further enquiries please contact:
Lizzie Uhr, Brand Manager
T 02 6203 9500
E lizzie@rahc.com.au ●



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CHARLES DARWIN UNIVERSITY

all aboard for a sea-change in health

By Danielle Dries, ANU medical student and Indigenous Health Officer for the National Rural Health Student Network

Palm Island is stunningly beautiful. This was the first thing I noticed when I arrived for my medical placement in January this year.

The tropical waters of the Great Barrier Reef lap at its shores, washing away any preconceptions one may have from media reports about this place, 57 kilometres and a world away from Townsville.

The opportunity to immerse myself in this environment was a privilege. Better still, was the chance to dive deeper and connect with the people. I was taken in by a family on the island and they welcomed me as part of their community. They taught me to listen, helped me learn, and enabled me to reflect on my role and responsibility as a future health professional.

For four weeks I was part of a team at the Palm Island Community Company (PICC) Child and

Family Centre, working with wonderful staff who I now consider friends.

I was fortunate to have Raymond Blackman as my supervising doctor, mentor, and teacher during this time.

As an Aboriginal medical student, it was empowering and inspiring to be mentored by an Aboriginal doctor. With so few around, and even less in supervising roles, this really was the perfect opportunity, an experience I will remember throughout my career.

Dr Blackman's teachings involved not only what we were seeing in the clinic, but also an understanding of the history, culture and social aspects of Palm Island. I was learning about health and wellbeing inside and outside the clinic, taking in a holistic approach and understanding how the health of one individual impacts upon many.

Listening to Dr Blackman speak about his people with such respect was powerful. He taught me to look beyond the history which is most

commonly told, that of the last 200 years. We discussed over 40,000 years of history, our strengths and intelligence, and the advanced ways that we had hunted and lived in harmony with the land. I can reflect on my Pop saying similar things about our people.

In the clinic, I was forced out of my comfort zone, I had to think differently in the sense of remote health, and tropical health. It was a valuable experience to not always jump to what is the most common but think about alternatives.

In 2014, the Australian Indigenous Doctors' Association reported there were 204 Aboriginal and Torres Strait Islander doctors registered to practise medicine. This has more than doubled since 2004 and will continue with more than 300 Aboriginal and Torres Strait Islander students studying medicine.

Palm Island is one of the centres of a growing wave that is rippling across our nation. As we start to see more doctors like Dr Raymond Blackman in the frontline of health delivery, there will be opportunities for growth in other ways.

Not only does it help and inspire Aboriginal students like myself, but it also benefits non-

Indigenous students and training registrars to learn about culturally appropriate care and see the world from another perspective.

As an Aboriginal medical student, it was empowering and inspiring to be mentored by an Aboriginal doctor. With so few around, and even less in supervising roles, this really was the perfect opportunity...

We still have a long way to go, if you take population parity as a measure of success. With Indigenous Australians constituting 3% of the population, an additional 2,000-plus Aboriginal and Torres Strait Islander doctors would be needed to reflect that proportion of the medical workforce.

It is a journey worth walking and from what I experienced at Palm Island, one that will be incredibly rewarding for this country. ●



dental student on wheels



Traveling in the purpose-built dental van to provide services in aged care facilities in the Port Macquarie region was a highlight for Jessica Zachar, a Final Year Dentistry Student at Charles Sturt University, during her rural placement.

My time on the van was an unforgettable experience during my four-week placement at the Mid North Coast Local Health District (MNCLHD) in Port Macquarie. Having the opportunity to provide treatment to those who could not regularly access a dentist due to physical and mental conditions was both rewarding and memorable. I saw a range of patients who had a variety of needs such as relief of pain, general checks up, extractions, fillings and assessments for new dentures.

Transport is one of the biggest barriers for the elderly in accessing oral health services and the van bridges this gap by going to the aged care facility itself. The half million-dollar purpose built dental van comes complete with a wheelchair lift into the mobile surgery, a small waiting

area suitable for a carer and storage area for equipment and instruments. As well as the wheelchair lift for personal chairs, it also has a reclining portable wheel chair for in-house visits.

The van was commissioned by MNCLHD in partnership with the Centre for Oral Health Strategy to provide general dental services to clients in such facilities. It began operating in late 2012 and has since rotated around the Mid North Coast region including Laurieton, Kempsey, Woolgoolga, Camden Haven, Coffs Harbour and Port Macquarie.

I can see that the dental van is a successful tool in addressing oral health needs in regional communities. I would like to see this service used in remote communities to close the gap in access to oral health services.

The public clinic at the Community Health Campus has expanded in recent years with seven dental chairs currently operating and as a result, has dramatically reduced the waiting list time for the local community.

It wasn't all work during my placement: I also had the chance to continue study – and also play. Port Macquarie has a Charles Sturt University (CSU) campus in town. This allowed fellow students and myself to videoconference during lectures and tutorials based at the CSU Orange Campus on Wednesdays. With such technology, CSU dental students have the opportunity to receive support and mentorship during their final year of dentistry while undertaking a full year of placement in different regional towns such as Bathurst, Wagga Wagga, Albury, Dubbo, Orange and Port Macquarie.

Weekends consisted of exploring the coast with activities such as camel riding at Light House Beach, jet skiing by the marine and visiting the Bago Vineyard Maze.

I would like to thank CRANaplus for their support and in particular Zeitz Enterprises for sponsoring me during this rural placement. I look forward to graduating this December and starting my career in rural Australia, particularly in the public health sector and this placement has further

reinforced how much I love living and working in regional and rural communities of Australia such as this one.

Transport is one of the biggest barriers for the elderly in accessing oral health services and the van bridges this gap by going to the aged care facility itself.

Jessica is currently a final year dentistry student at Charles Sturt University. She was previously the President of the CSU Dental Student Association and was the Rural Officer of the Australian Dental Student Association in 2014. She is also the recipient of the 2013 National Rural Health Leadership Award for her passion, work and commitment towards closing the gap in oral health for rural Australia. ●



invaluable exposure in darwin

Paramedic student Shinead Williams discovered during her placement in Darwin that the autonomy of paramedics in the Northern Territory and their high skill set make for an amazing wealth of knowledge which they were only too happy to share with her.

My scholarship funds were used to finance a two-week placement in Darwin, Northern Territory in September last year. As a Paramedical student at Edith Cowan University in Perth, undertaking a placement in another state would not have been possible without the financial assistance provided by CRANaplus.

Growing up in the Pilbara, it has always been my intention to head back bush upon graduation, so the opportunity to work in a more remote location was a great opportunity and learning experience for me.

I worked nine 12-hour shifts on-road with St John Ambulance NT at Casuarina station, Darwin, including both day and night shifts. The exposure was amazingly diverse, and the skills I learnt both of a clinical and non-clinical nature were immense. St John Ambulance not only service the Darwin population, but also receive and answer emergency calls from remote aboriginal communities, as well as undertake transfers from care flights transporting time-critical patients to Royal Darwin Hospital from remote locations throughout the Northern Territory.

An example of the variety of cases I attended included Bicycle v Car, assault, snake bite, stroke, chest pain, mental health, sepsis, broken bones, car accidents, abdominal pain, elderly falls and exacerbations of chronic illnesses. I would not have had such a wide exposure in a larger city in such a small time frame. The opportunity to observe and treat patients under the supervision of the talented paramedics was unparalleled. I was able to transfer my text book learning to a hands-on environment and develop

interpersonal skills with a variety of people from varied cultural backgrounds.

Working in such an isolated area of Australia, transport times to hospital are often upwards of 30 minutes. This allows paramedics to take a very active role in stabilising and treating patients over long periods of time. This was amazing for me to see. Being able to track changing trends in the patients' state, and get an in-depth history allowed me to not only gain a greater understanding of different injuries and illnesses but also to observe the changes that our treatment made. For example, managing pain over such a time period requires constant observations and management, but can make the most amazing difference for a patient in distress.

I feel that my ability to learn and grow as a health professional in a remote area is ten-fold compared to working in a large city, both due to the level of autonomy required and the diversity of patients encountered.

This placement solidified my desire to gain employment in Darwin for my graduate year this year. The community and small town feel, both within St John as an organisation and also with the Darwin people, is very supportive. I feel that my ability to learn and grow as a health professional in a remote area is ten-fold compared to working in a large city, both due to the level of autonomy required and the diversity of patients encountered. I look forward to the opportunity, all made possible through this placement supported by CRANaplus. ●



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a 'ta da' is praise indeed

Ursula Osioda, a 3rd-year nursing student at the University of South Queensland, feels encouraged and inspired in her career after her clinical placement at the Health Service in the Queensland outback town of Miles, Queensland.

Thanks to the Michael Ilijash Perpetual Scholarship, I was able to undertake my clinical placement at Miles Health Service, a joint hospital and residential aged care facility, closely linked with community health and dental facilities.

The beautiful people and town soon endeared themselves to me, starting with the gentlemen at one of the service stations giving me concise directions to the local hospital.

Mining has impacted on this little town, with the mine workers referred to by the locals as 'glow worms' because of their high visibility clothing. At the time of my visit, however, there were

massive job in the mines, resulting in temporary and more permanent accommodation becoming available at reasonable prices. This had caused an influx of new families, and also anxiety for locals employed in the mines.

Clinically, the range of patients and residents at the Miles Health Service are diverse. Milton House, the residential aged-care section named after a benefactor, has 14 permanent beds, and one respite bed. The hospital has the same amount of beds.

The beautiful people and town soon endeared themselves to me...

A piano sitting proudly in the lounge in Milton House is played regularly, while a community member visits regularly, bringing electric keyboard and amplifier to entertain and then staying to speak to each and every individual on the day.

During my rostered hours, the busy Emergency Department treated cardiac concerns, lacerations, pleural drainage, paediatric review, dressings (simple and vac), burns treatment, general medicine, isolation of suspected influenza. Once a month, theatre, using the Royal Flying Doctor Service (RFDS) and flying surgeon and anaesthetist, ensures for locals that travel to and from specialists is limited. Even on this busy day, with five procedures and 13 consults, the staff included, encouraged, explained and allowed me to be an active member.

I thoroughly enjoyed my time at Miles Health Service, mostly due to the caring, patient, sharing and helpful team there. I was made to feel welcome and part of the team from day one. Even though my questions were numerous, and, I'm sure at times laborious, the skilled team, never made me feel like an outsider or a nuisance.

During my placement, another student was also there. We were able to work whatever shift we chose, and the staff made it easy for us to get valuable skills and experience, in theatre, attending to different patients, and working with different nurses.

I thoroughly enjoyed my time at Miles Health Service, mostly due to the caring, patient, sharing and helpful team there. I was made to feel welcome and part of the team from day one.

The current Director of Nursing has introduced the 'ta da': a system where staff members can win a prize for both nominating and being a nominee for professional work. The main doors into the facility are covered in these strips of paper, sporting yellow messages of praise, proudly displayed to all who pass through that the team at Miles value each other.

Miles Health Service staff not only included me in their team, but also encouraged and inspired me in my nursing career. Their skill knowledge and experience, is wonderful and I would love to thank them.

I have 'ta da' ed them all jointly and separately. ●



Thursday Island, QLD.

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



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



NT Dept Health – Primary Health Services/Top End Remote Remote Health Branch offers a career pathway in a variety of positions as part of a multi-disciplinary primary healthcare team.



Tasmania Health Service (DHHS) manages and delivers integrated services that maintain and improve the health and wellbeing of Tasmanians and the Tasmanian community as a whole.



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



Gidgee Healing delivers medical and primary health care services to people living in Mount Isa and parts of the surrounding region. Gidgee Healing is a member of the Queensland Aboriginal and Islander Health Council (QAIHC) and focuses on both Indigenous and non-Indigenous people.



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



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.



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



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



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



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



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



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 healthcare to the Ngaanyatjarra people in Western Australia.



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



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



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



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



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



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



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



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



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



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



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



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



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





Photo: Steve Batten.

support

shining the light on domestic violence

With statistics showing that at least one in three women will experience domestic violence in their lifetime, this issue very much needs to be on the agenda of rural and remote health workers at the coalface of patient care, says Dr Annmaree Wilson, Senior Clinical Psychologist CRANaplus Bush Support Services.

It is important for every health worker to have a domestic violence plan of action that has patient and client safety as pivotal, Dr Wilson stresses. "Silence is the perpetrator's most powerful weapon so work on being comfortable having difficult conversations," she advises. "Remember the complicated cycle of violence and the shame felt by victims makes it difficult to admit to anyone what is actually going on.

"If you suspect a patient is experiencing domestic violence, it is important to ask the difficult question: and you may need to ask that question on many occasions."

The physical signs of domestic violence that frontline health workers encounter are usually obvious and acute but this is not always the case, Dr Wilson stresses. The obvious signs, she said, include bruising, lacerations, broken bones, head injuries, urinary tract infections and sexually transmitted diseases are often associated with domestic violence. "But there are many other signs to look out for: hypertension and heart disease have also been indicated."

Dr Wilson welcomed the fact that the issue of domestic violence in Australia is finally under wide public scrutiny with Malcolm Turnbull announcing in 2015 that \$100 million will be spent on raising awareness of and preventing domestic violence. She outlines here some facts about domestic violence.

Domestic violence is defined as a pattern of abusive behaviour in intimate relationships that is used by one partner to gain or maintain power and control. The abuse can take many forms:

actual or threatened physical, emotional, sexual, economic abuse as well as stalking and shame and humiliation. Domestic violence crosses all social and cultural boundaries. There are always multiple victims of any given domestic violence situation. Children are especially psychologically and emotionally vulnerable, even if they are not the abuser's direct target.

It is important to note that although the majority of reported cases of domestic violence are perpetrated by men on women, not all abusers are men. Moreover, it is not only heterosexual relationships that experience domestic violence.

The interpersonal dynamics of domestic violence are complicated and for this reason it is often very difficult for people experiencing domestic violence to escape their situation. Typically there is a cycle of violence. This cycle starts with an abusive act or threat. The abused person attempts to prevent the violence by whatever means, tensions rise and abuse occurs. The

abuser then apologises and appears remorseful. The abused person then tries to keep the peace and so the cycle continues.

There are a variety of severe psychological and emotional consequences for individuals living in domestic violence situations. To be abused by someone who is supposed to love you is confounding and confusing. Individuals experiencing domestic violence report feeling abandoned, betrayed and even "crazy". Depression and anxiety are the most common symptoms reported and individuals experiencing ongoing domestic violence often develop Post Traumatic Stress Disorder. The severity of psychological symptoms vary from individual to individual and depends on factors such as the severity and duration of the violence, the perceived threat and cognitive appraisals such as predictability.

"If you suspect a patient is experiencing domestic violence, it is important to ask the difficult question..."

Finally it is important for remote area nurses to become familiar with the services that are available. While most major centres will have some form of support and refuge, advice is always available by telephone on the national 24/7 1800RESPECT line. Bush Support Services is also available 24/7 to discuss any aspects of domestic violence, call 1800 805 391.

**Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●**



Above: Waitpinga, SA.

new intentions

By March, we're pretty well ensconced in our work for the year and we're probably having few, if any, thoughts of New Year's resolutions, says Amanda Akers, CRANaplus Bush Support Service Psychologist. Relax, this article is not a reminder of New Year's resolutions. The focus is on New Intentions – something very different, as Amanda explains here.

A goal is a focus on achieving something and a habit is a behaviour we are compelled to do. An intention is quite different. It is a focus on a quality you may wish to manifest in your life which will benefit you for much longer than a year – and is likely to benefit people, and even the world, around you.

Having some sort of plan or intention for the year is important for self-care and self-compassion. The latter is a practice that writer and blogger Margarita Tartakovsky (2015) recommends for a healthier and happier life.

Breaking that down a little further:

A goal is a behavioural aim for achieving outcomes in your workplace such as increasing your client contact or completing all documentation in a timely manner. It may also be a behavioural aim in your personal life, such as losing weight adhering to a specific diet; or increasing your exercise or social activities.

A habit is a behaviour that we perform as a matter of routine, an act of repetition. Well-known philosopher and psychologist William James describes habit as: 'an act that simplifies the movements required to achieve a given result making them more accurate and diminishing fatigue'. A habit is a behaviour that becomes automatic. Some habits are negative, such as procrastinating, fidgeting, shopping or overspending, or it may be an addiction such as drinking alcohol,

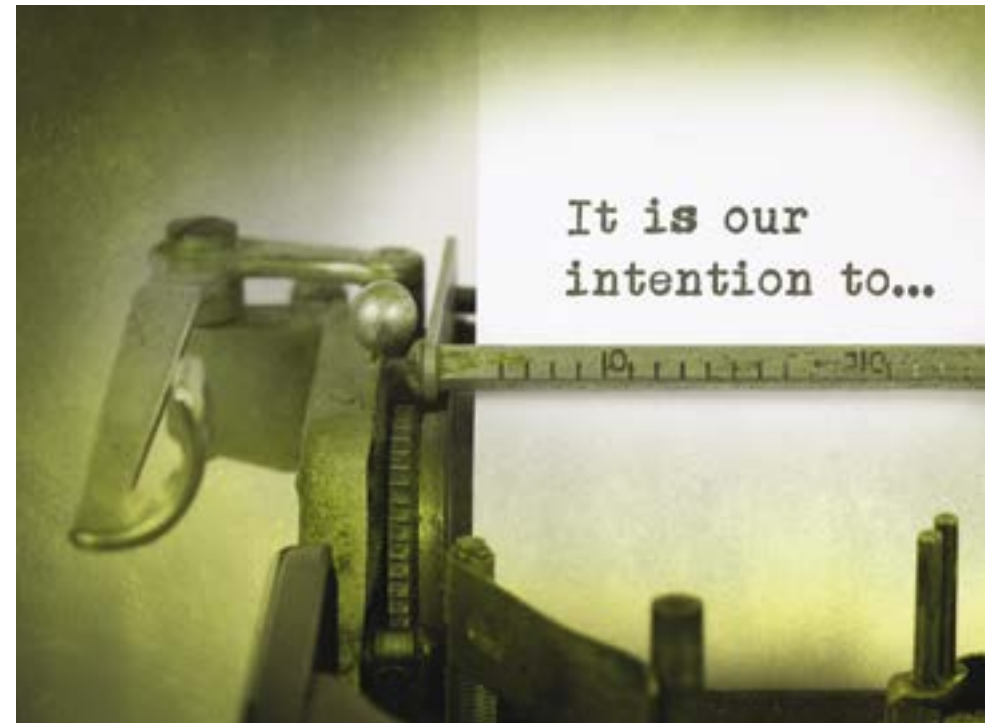
or a problem with willpower, such as saying things that may hurt others, or expressing feelings that you later regret expressing.

An intention, on the other hand, is a thought about a plan or aim that is usually driven by a belief, with an action, or ongoing actions, around that aim. For example, a person might believe that the world will be a better place if there is more positivity in the environment, and that person's intention around that belief may be that they want to increase positivity in their daily life. Their intentional action might be that they're going to smile more often at the people around them. This action may increase the amount of smiles the person receives back from others in their day, as well as make others happy by sharing smiles and encouraging them to smile too.

A habit is a behaviour that we perform as a matter of routine, an act of repetition.

Another example of an intention is practicing forgiveness. A person may believe that we all make mistakes and shouldn't be left to feel bad about our mistakes for too long. So they may choose to practice forgiveness, and take action by showing empathy for the other person's situation and formulating their thoughts around forgiving the person and then communicating that forgiveness to the person at fault.

Being grateful is another intention that can help us, as well as others. A person would typically have a belief (or even a hope) that positivity by way of being grateful will be a satisfying change in their thought processes and their intentional action may be that they start a grateful diary (list three things they are grateful for every day), and in turn they may be more likely to verbalise their gratitude to others, hence sharing positivity with friends and family. Isn't it uncomfortable when you're around negative people?



On a higher scale, an intention can be a focus around your career or your profession. Your belief may be that if you have one or more skills up your sleeve you'll be a better health professional, or have a better chance at getting a higher paid position.

The intentional thought may be that you're going to learn a new skill, and your action is to enrol in a course and achieve that skill. In this case you're bettering your skills for yourself, your service to your patients or clients, and improving the status of your profession by adding to your profession's highly skilled workforce.

Intentions remind us of our positive beliefs, engage us in positive thought around taking action, and can, if we let them, encourage us to take positive action for the betterment of ourselves and others. This is engaging in a form of self-compassion.

An intention, on the other hand, is a thought about a plan or aim that is usually driven by a belief, with an action, or ongoing actions, around that aim.

So, what to do instead of setting resolutions for the year? Focus on self-compassion, take care of yourself by practicing self-care (see BSS self-care strategies on the CRANaplus website), plan your holidays, monitor your habits ensuring they're good for your health, and think about your intentions.

What do you believe will benefit you as well as others?

Amanda Akers
Psychologist
CRANaplus Bush Support Services ●

innovation with traumatic stress

Therese Forbes, CRANaplus Bush Support Services Psychologist, outlines here how art and creative therapies are helping people with traumatic stress.

Historically, trauma has been treated mostly with 'talking cures' aimed at working with the devastating effects on the mind.

Increasingly, due to new advances in Neurobiology, mental health professionals are also addressing the effects on the body and brain through sensorimotor therapies.

With this new understanding, there have been advances in developing a number of modalities that can provide a more integrated healing providing much needed relief for those who are suffering.

The use of arts and creative therapies to help trauma survivors has been shown to be very effective and therapeutic.

Neuroscience has led to greater understanding of why art and creative therapies are so effective.

Accessing the nonverbal right hemisphere of the brain (through images, sound and movement) enables communication with the left hemisphere to gain cognitive and emotional mastery.

It is important to acknowledge cultural and gender differences in the perception and expression of trauma.

Trauma can come in many guises – physical and sexual abuse, domestic violence, harassment, bullying, life threatening illnesses, school or gang violence, divorce/custody battles, relational losses, immigration, war and natural disasters.

It is important to acknowledge cultural and gender differences in the perception and

expression of trauma. It is also important to recognise that historical and intergenerational trauma can result in psychological, spiritual and brain/body injury.

Many who have experienced trauma display trauma symptoms as adaptations for example: substance abuse, indiscriminate sexual behaviour, self-harm and suicidal gestures, dissociation, the freeze response, avoidance or withdrawal, eating disorders and engaging in high risk behaviours.

Arts and creative pursuits have been quoted as "being the most elegant use of time" (Eleanor Roosevelt.) It also appears that a bonus is that we are working through deep processes providing understanding and insight which is therapeutic and healing.

One such Sensorimotor Art Therapy Approach is "Work at Clay Field". Using clay in therapy taps into one of our fundamental experiences – touch and the movement of the hands. This is primarily nonverbal using a body-focused approach.

Arts and creative pursuits have been quoted as "being the most elegant use of time"...

Younger children or those who come from different cultures may benefit immensely with these alternative ways of working with trauma.

Traumatic experience results in sensorimotor reactions including intrusive images, sounds, smells, body sensations, physical pain and numbing. Talking therapies whilst incredibly helpful rely heavily on narrative expression whilst dismissing equally helpful different forms of expression.

Strategies that help people become more aware of their bodies, track sensations and implement physical actions over time promote empowerment and increase mastery.

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



creative use of professional networks

For health workers in remote communities, maintaining and developing networks calls for creative thinking, acknowledges CRANApplus Bush Support Service Psychologist Christine Martins, who outlines here some communication strategies that can be used.

"One of the hardest professional issues I face while living in an isolated community is the lack of contact with other professionals," a nurse once told me. She was sitting in a modern clinic – but a long way geographically from any other health provider. When she newly arrived in the community, she quickly acquainted herself with the local issues and was equipped with all the clinical knowledge likely to be needed at her new post.

"One of the hardest professional issues I face while living in an isolated community is the lack of contact with other professionals..."

But she soon realised how much she missed her old networks of supportive colleagues and mentors. In her previous rural placements she had been well versed in the art of sharing ideas and exchanging stories of the day-to-day working experiences she and her colleagues came across regularly in their workplaces.

Networking methods

It is a given that communicating from within a remote community can be tricky. But increasingly broadband and even mobile phone access is being introduced in remote communities. Communicate with your networks via telephone, email, blogging,

social networking, Skype and, of course, in person on regular trips out from the community.

No matter how supportive or friendly local colleagues can be, they are often not the ideal choice for professional supervision or the type of conversations we often need to maintain the highest standards in our clinical practice. The best networking contact is likely to be from another region or workplace. In this way the relationship is less intimate and delivers the extra benefit of exposure to very different ideas and experiences.

Ask others what works for them in remaining connected to peers and colleagues.

Unions or associations

Taking an active role in your relevant professional association or union can provide not only industrial advice and support but also be a means to be involved as a delegate. Training is often provided to such representatives and many managers have later attested to the skills they gained in these industrial advocacy roles early in their career. Travel and financial assistance is usually provided when attending training, and fellow participants can be an important part of a wider professional networking system. This is not a pathway for all but it may prove to be a rewarding decision.

Attend conferences, and workshops

A nurse in Central Australia once commented: "When you go to a conference, you become enthused and inspired. You meet others who are further down the road you want to walk, and you can learn so much from them. They have been in your shoes, they know how it feels to be in a remote workplace. They know how to cope with the challenges of living remotely and working within a small community."

Fellow conference attendees can prove to be an invaluable source of future support; they can be



an important addition to your support network. Grab the opportunity to note the contact details and add these people to your networking lists.

Bush Support Services

Many remote area health practitioners use the Bush Support Services (BSS) line as a tool to connect with an independent professional and discuss professional issues. The line is staffed by a team of registered psychologists in a free and confidential service, 24 hours a day. A regular session can be organised with a specific psychologist on the BSS line, and a number of remote area employees use the service to debrief about their professional growth and development. The line can be accessed by ringing the Freecall number 1800 805 391.

The BSS team can be your most versatile networking tool!

Benefits of a professional network

Your professional network can open doors for you that otherwise may be closed. Your contacts and circles of networks are additional to your skills set, qualifications and experience and can be so important for career advancement and clinical development.

You can also learn a tremendous amount from people in your network who have experience and expertise.

It is worth noting that networking by its very nature of establishing and maintaining connections between professionals is a two-way process; both parties gain from the exchanging and sharing involved.

Whether you choose an informal or more formal arrangement depends on your specific professional and personal needs and context. Many practitioners use a mix of both types of networking as they each have specific advantages. ►►

►► In the health and nursing arena there is an increasing requirement to manage and employ new and existing knowledge. Networking is an innovative way for practitioners to collaborate in partnerships to develop and manage emerging practice and build on old learnings.

Networking is an innovative way for practitioners to collaborate in partnerships to develop and manage emerging practice and build on old learnings.

The networking process can be as formal or informal as you need it to be.

A formal network

A formal network is an established arrangement, often with agreed written terms of understanding which set out the frequency of meetings, how meetings will be held and whether or not you keep a copy of the discussions. Ideally the document setting out these terms will also include a confidentiality clause. Will meetings be face-to-face, by telephone or a VoIP (Voice over Internet Protocol) such as Skype? Will meetings

be held monthly or fortnightly? Is there a fee for the service provided? How are meetings re-arranged in the event of cancellations? It is common for remote area health workers to augment their phone or Skype sessions with face-to-face meetings when on a regular trip out of the community.

A major benefit of a formal arrangement is that priority is given to the process and it is treated as an important part of professional support and career development.

There is an additional advantage in participating in a formal arrangement; confidentiality is a built-in feature of the process. Discussions between the parties can and should include sensitive issues or those requiring discretion. When a health practitioner lives and works with the same group of people, which is the case in most remote settings, there is often a reluctance to discuss such issues with close colleagues as they can affect relationships in the community.

There can be many issues which are best not shared with close colleagues. So any networking arrangement which allows for frank discussion is of value in its own right. Remember the confidentiality clause mentioned earlier? Its importance is now clear. ►►



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- Learn to identify symptoms associated with bullying and when to seek help.
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► An informal network

An informal network, operating in a looser and less structured way, is no less valuable. It can include irregular contact with a trusted peer or colleague when any issues arise which can benefit from being shared with another person. Additional perspective can be gained on work-related issues whether personal or more work-orientated. It can also include several different contacts who may be used for networking purposes on an ad hoc basis. Choose these networking contacts based on the variety of strengths and skills they can share.

Typically, an informal networking arrangement is a discussion at an agreed time, held either at a regularly scheduled time or whenever a need arises for a session. It can involve a friend, a colleague or a mentor (or a group of these people) who is agreeable to engage in a collaborative way.

Advantages in creative networking

A significant advantage which derives from networking, whether formal or informal, is the freedom to reveal with a trusted party any feelings that we have failed to live up to our highest clinical practice standards. Every practitioner feels clinically inadequate from time to time; this is a normal part of our growth and development. It is prudent to exercise caution regarding who we trust with these feelings within the workplace environment, especially in the confines of a remote setting. The information can be used against you in a variety of different ways, including a negative impact on your career promotion. An essential aspect of the pathway to best clinical practice is the scrutiny of our personal strengths and those areas where change is required.

After graduating, a health professional is well equipped in a technical sense, and will have a

reasonable level of basic knowledge. But it is by working with peers that we develop and deepen our learning. So the new graduate will gain from setting in place a strategic plan to tap into the wealth of knowledge available from colleagues and mentors in the field.

A significant advantage which derives from networking, whether formal or informal, is the freedom to reveal with a trusted party any feelings that we have failed to live up to our highest clinical practice standards.

Networking can be a useful tool to validate your decisions and professional practice, either generally or in a specific instance. If you are unsure about a work-related decision or action, the issue can be raised in the safe environment of a session. Often we can feel reluctant to reveal these insecurities within the workplace but in a session you can receive constructive feedback.

When selecting a networking contact consider including peers or colleagues who you like and relate to well but have differing views to yours.

Although the discussion may not be as relaxed, challenging discussions with those who have differing approaches to our own can provide the most stretching and valuable insights.

When selecting a networking contact consider including peers or colleagues who you like and relate to well but have differing views to yours.

It goes without saying that the networking relationship should involve mutual respect between the parties.

Whatever approach you adopt, it is most likely to be fruitful and rewarding when it is given priority and it is well planned. Given the busy and demanding challenges of remote area clinical work, unless time and commitment is given to this important aspect of our professional development, it falls by the wayside.

Remember too that what works for one person may not work for another, so make sure your specific needs and context is accommodated.

Get out there and establish your networks

Networking is not always easy. But it should be an exciting and a rewarding approach to advancement. The more you network – with a positive outlook – the more you will learn. And if you're always learning, you are growing and thus developing, especially your interpersonal communication skills. Once you extend your networking skills and expand your circle of contacts, you can begin to share your experiences, tips and tricks with others.

Whatever approach you adopt, it is most likely to be fruitful and rewarding when it is given priority and it is well planned.

Whatever methods you use, make sure you maintain regular and consistent contact with the professional contacts who can make a difference in your career trajectory. Networking requires a commitment. Attention to this vital aspect of your professional development will ensure you continue to remain connected to your peers and mentors, regardless of your locality. And networking can provide the strategic edge you need whether you choose to remain in your present position or when it is time to move on. ●

latest blanket project

Twenty children in Queensland who arrive with their mum in a women's refuge are about to find a cheery blanket on their bed, thanks to CRANaplus Bush Support Services.

This is the latest project supported by the CRANaplus Bush Support Services Cosy Knitting Project – Knit a square for a mate in need' which was introduced as a mental health wellbeing project in 2009. Colourful hand knitted blankets have been donated to many 'mates in need' around the country including flood victims, retirement and nursing homes, communities, refugees and the homeless.

"What a smile the blankets will bring to those little faces, and the children can take the blanket with them when they leave," said Director of CRANaplus Bush Support Services Colleen Niedermeyer "Each blanket has a label indicating that members of the remote health workforce are the knitters."

CRANaplus Bush Support Services has donated the 20 blankets to SunnyKids on the Sunshine Coast of Queensland. SunnyKids believes everyone deserves a fair go and works tirelessly to break intergenerational cycles of poverty and disadvantage. SunnyKids provides over 10,000 nights of emergency accommodation every year, partnering with health, education and child protection agencies to keep these kids safe.

"Thank you to all our wonderful knitters nationwide for your support," said Colleen, "and to our volunteers who provide the finishing touches and sew the blankets together." ●



CRANaplus Bush Support Services 1800 805 391 Toll Free Support Line



Bush Support Services



FREE telephone counselling & support

for families of remote and isolated health professionals living/working anywhere in Australia

Feel the need to chat with someone outside the square?

Call the CRANaplus Bush Support Services Toll Free Support Line on 1800 805 391.

- We are here 24 hours every day, offering a FREE and confidential service with anonymity guaranteed.
- Calls are FREE of charge from landline phones. We return calls to mobile phones.
- Our psychologists are qualified and fully registered professionals.
- Repeat callers may speak to the same psychologist on request.



Australian Government
Department of Health

For more information visit
www.crana.org.au/support

educate

fresh look at education

After six months working remote, CRANApplus Director of Education Libby Bowell has returned to her 'desk' with a wealth of information and feedback to benefit our education offerings and our future direction.

Welcome to 2016. Courses are in full swing already and we look forward to seeing many of you around the country this year.

I enjoyed my time as a Remote Area Nurse again, pursuing my own need to remain credible and relevant in the remote workforce as a clinician, and I think I did ok after all these years.

I also had time to reflect on the relevance of CRANApplus education offerings and our future direction and appreciated the feedback from RANs and RAMs regarding preferred learning styles. I understand how much it takes to remain current, both in time and money!

In those six months, I worked with many people I have previously met while facilitating on our

courses and I was grateful for the diverse range of experienced RANs out there who were very willing to help bring me back up to speed, including those behind the scenes in Primary Care Information Systems (PCIS) and Best Practice offices.

I enjoyed my time as a Remote Area Nurse again, pursuing my own need to remain credible and relevant in the remote workforce as a clinician...

My first stint was back at my old stomping ground in Wadeye (Port Keats still to me) in the Northern Territory. I hadn't been there for more than 12 years and the babies and small kids I looked after are now towering teenagers or young adults.

It was such a pleasure to be remembered by many of the oldies.

When I left Wadeye back in the early 2000s the plans for the new health centre were in the final stages and it was great to see it come to fruition. It makes me wonder how we ever worked out of what back then I thought was a reasonable-size clinic.

It's great to see dedicated roles in primary health care and a commitment by the RANs to provide the continuity of care and make a difference in chronic disease management. I know the fly-in fly-out model seems to be the way it is now for many people. Unashamedly I like my short stints. ►►



Above: Cocos Keeling Islands. Below: The clinic team.



» I do believe that many experienced RANs who choose the FIFO lifestyle pride themselves on being able to hit the ground running with their experience and knowledge, allowing them to make that connection quickly and efficiently.

I do believe that many experienced RANs who choose the FIFO lifestyle pride themselves on being able to hit the ground running...

This FIFO approach allows long termers an opportunity to leave the community to attend professional development forums. It's also great to see the long term RANs who are able to play such a vital role between the health centre and the local community. In my opinion, so much is lost without the relationship and connection to the community provided by the long termers.

It's also great to see the long term RANs who are able to play such a vital role between the health centre and the local community.

My second stint was on Murray Island, my first time in the Torres Strait system. It took a little getting used to the system of more consultations with Medical Officers at Thursday Island Hospital because of my lack of RIPERN certification. However, again I enjoyed the experience, especially working with a local team who embraced both myself and the other RAN Anne, as relievers. Their wealth of knowledge and ability to steer us around the community and waiting room to ensure we didn't miss the elderly or chronic patients and relatives made for a very positive experience. I would go back there in a heartbeat!

Here in the education unit, our team of coordinators also spend two weeks a year on a placement to ensure they maintain their credibility and currency and share their experiences with the rest of the Coordinator team. Taking this into consideration we have to balance the reality of being an Education provider and a Registered Training Organisation.

There is no denying that there are difficulties in trying to balance all of this but always it is you as the RAN/RAM, working as health professionals in isolated practice, who remain at the top of our list as the most important part of the equation.

We are committed to remaining accessible, affordable and appropriate.

We are committed to remaining accessible, affordable and appropriate. As each course is due for review we are developing course materials to provide online modules supported by an improved and easier to navigate e-learning platform.

As we improve our online platform we will work with DoHs to facilitate access to CRANaplus curriculum. Your feedback suggests a preference for more interaction and skill stations.

...we are developing course materials to provide online modules supported by an improved and easier to navigate e-learning platform.

The balance for providing more online is that we anticipate reducing a lot of the didactic presentations at the face-to-face and to increase interactive sessions with case studies and skills stations. »



Libby with a fresh catch on Murray Island.

►► In 2016 you will see:

- New-look Advanced Remote Emergency Care (AREC) course, one day less and much more interactive learning at the face-to-face
- New and updated Midwifery Upskilling (MIDUS) program looking at new methodologies for learning
- One-day Paediatric Primary Health Care course
- Three-day Communication, Consultation and Competency in Clinical Skills course that was piloted in the Top End NT last year with very positive feedback. Whilst this was initially focused at Aboriginal and Torres Strait Islander health workers we are keen to broaden the audience for this course across other states and disciplines.

Additionally we are in the midst of working on a chronic disease project – 'Getting better at Chronic Care'... we will see where this takes us.

Thank you to those of you who completed the Training Needs Analysis Survey.

The aims of the Survey were to:

- Gather information on the professional development and ongoing education needs of the rural and remote health workforce as represented by the CRANaplus membership.
- Gather information from managers/employers regarding Remote Area Nurses' (RANs') requirements for ongoing education and professional development courses.
- Analyse the information gathered and develop recommendations for future CRANaplus courses and directions in education and training.

Results will be shared with you in the coming weeks.

As always we are keen to hear from you if you have any ideas or feedback, stay safe and enjoy!

Libby Howell
Director Education Services
CRANaplus ●



Flying into Murray Island.



CRANaplus grants now available!

The Nurses Memorial Foundation of South Australia Inc. have generously endowed CRANaplus with monies to offer CRANaplus members \$500 Grants (limited number available).

These grants are available to Remote Nurses and Midwives who are currently working in rural, remote and isolated areas of Australia and have an employment history of working within, or have come from South Australia.

The Foundation endows Scholarships, as well as provides Awards and Grants to assist Nurses in their education, practice and research.

Read more about their history here: www.nmfsa.net

The grant is to contribute to the registration fees for CRANaplus short courses and/or the CRANaplus National Conference thereby assisting individuals to enhance their knowledge and skills in providing safe, quality care to remote and isolated individuals and communities.

To register your application visit:
<https://crana.org.au/membership/scholarships>

Applications close 31 July 2016

APPLY NOW!!!

training plus storytelling equals success

A project to provide first aid training to remote Indigenous communities in the Pilbara using informal practical learning opportunities entwined with storytelling, has been hailed a success.

The project, run over the past 15 months, offered training to about 100 Martu people in the Pilbara – Jigalong, Parnngurr, Punmu and Kunawarritji. Two of these communities are over 800 km east of Newman, in the heart of Western Australia.

The project, funded by BHP Billiton on behalf of the St John Ambulance centre in Newman, which is about 450 km south of Port Hedland

in Western Australia, gave the Martu people the opportunity to learn first aid skills in an environment where they felt at ease and comfortable – in their own country.

To prepare for this project, facilitators Jeff Doggett and Wendy Bell, both long-time volunteers with the St John Ambulance service in Newman, completed a course in cultural awareness of the Martu people. They then discussed with local Indigenous people and fellow first Aid officers different ways to deliver the course, to work out how best to support members of these unique communities.



Challenges along the way included scheduling adjustments to give way to cultural events, travelling to remote locations, and fitting in with nature's weather timetable.

Some locations involved five-hour drives while the more remote communities were reached by helicopter.

Elder Jeanie Chapman was the first to arrive at our Punmu session. "She giggled away and was clearly delighted as she watched the younger generation applying compression bandages during the snake bite management session," said Wendy.

Wendy and Jeff considered this session was a very productive day with both young and old participating and encouraging each other as they gained important first aid skills.

Some locations involved five-hour drives while the more remote communities were reached by helicopter.

Registered Nurse at the Punmu Clinic Cynthia Juanta Avila, agreed, saying she was thrilled that Wendy and Jeff were offering extremely important skills and knowledge to the entire community.

"Because of the isolation and remoteness, anyone with first aid skills and knowledge is so important out here, especially in an emergency," Cynthia said. ▶▶

► Participants included children as young as three, school children, community members, Kanyirninpa Jukurrpa Rangers and Elders.

Indigenous children and youth would benefit significantly if they were able to share what they have learnt about promoting their own safety and wellbeing...

The training sessions covered vital first aid skills, including, hygiene, wound and bleed management, snakebite, burns, fractures. It also included asthma, epilepsy, spinal injuries.

Participants also learned about the recovery position, chest pain and cardiopulmonary resuscitation.

First aid items were donated to each community including first aid bandages, CPR 123 manikins and first aid kit, to encourage participants to practise their skills and then share their knowledge with other members of their communities.

Wendy and Jeff, in their report on the project, have recommended the Indigenous communities would benefit greatly from ongoing training programs. They state that this would reduce misinformation and enable everyone to consolidate skills and build on their existing knowledge.

Jeff said Indigenous children and youth would benefit significantly if they were able to share

what they have learnt about promoting their own safety and wellbeing, and, if required, care for themselves or their elders in adverse situations where outside help is not readily available.

Given the success of this project, the facilitators recommend that St John Ambulance WA continues to support and further develop training programs of this nature.

The course was developed by Wendy and Jeff along with St John Ambulance office manager at Newman Wendy Hogan and paramedic Luke Fowles.

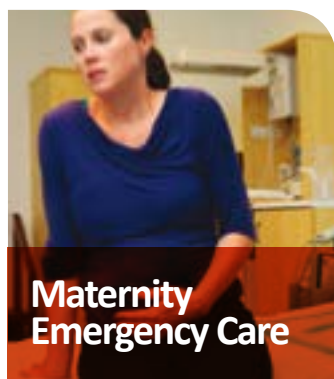
More information or detail on the course delivery or the experiences of the presenters can be provided upon request.

Contact details: Wendy Bell 0410 002 843 and Jeff Doggett 0488 025 301. ●



2016 EDUCATION SCHEDULE

COURSES ARE OPEN FOR REGISTRATION AT CRANA.ORG.AU



Maternity Emergency Care

WESTERN AUSTRALIA

- Port Hedland, 27-29 May
- Esperance, 1-3 July

QUEENSLAND

- Hughenden, 5-7 August
- Longreach, 18-20 November

NORTHERN TERRITORY

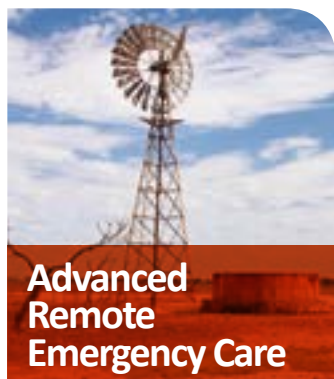
- Daly River, 5-7 August
- Tennant Creek, 11-13 November

VICTORIA

- Shepparton, 4-6 March

NEW SOUTH WALES

- Ballina, 18-20 March
- Broken Hill, 24-26 August



Advanced Remote Emergency Care

WESTERN AUSTRALIA

- Port Hedland, 13-15 May
- Perth, 10-12 June

QUEENSLAND

- Rockhampton, 16-18 September

NEW SOUTH WALES

- Coffs Harbour, 4-6 November



Midwifery Upskilling

WESTERN AUSTRALIA

- Kununurra, 8-10 July
- Broome, 4-6 November

QUEENSLAND

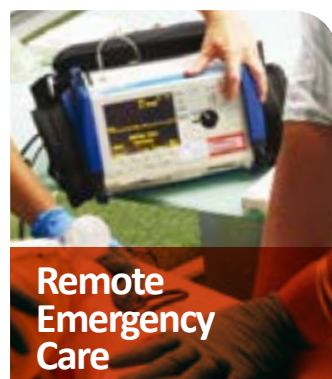
- Rockhampton, 29 April - 1 May

NORTHERN TERRITORY

- Alice Springs, 3-5 June

NEW SOUTH WALES

- Port Macquarie, 19-21 August



Remote Emergency Care

TASMANIA

- Hobart 16-19 October
- Broome, 4-6 November

WESTERN AUSTRALIA

- Kununurra, 8-10 July
- Broome, 29-30 October

QUEENSLAND

- Mt Isa, 39-31 July
- Cairns, 12-14 August

NORTHERN TERRITORY

- Alice Springs, 21-23 March
- 23 - 25 June & 22-24 August
- Tennant Creek, 3-5 June

NEW SOUTH WALES

- Port Macquarie, 19-21 August

VICTORIA

- Portland, 1-3 April

SOUTH AUSTRALIA

- Coober Pedy, 2-4 September



Advanced Life Support

WESTERN AUSTRALIA

- Kalgoorlie, 30 April (1 day)

QUEENSLAND

- Cairns, 4 June (1 day)
- Mt Isa, 1 August (1 day)

SOUTH AUSTRALIA

- Adelaide, 19 March (1 day)
- Adelaide, 20 March (1 day)



Paediatric Emergency Care

TASMANIA

- Hobart, 10-11 October

WESTERN AUSTRALIA

- Geraldton, 16-17 April
- Karratha, 6-7 August
- Fitzroy Crossing 1-2 September

NEW SOUTH WALES

- Dubbo, 12-13 March



Triage Emergency Care

WESTERN AUSTRALIA

- Esperance, 2 May (1 day)

QUEENSLAND

- Cairns, 5 June (1 day)



Practical Skills Triage

TASMANIA

- Burnie, 6 Feb (1 day)

WESTERN AUSTRALIA

- Kalgoorlie, 29 April (1 day)
- Kununurra, 11 July (1 day)

NORTHERN TERRITORY

- Tennant Creek, 6 June (1 day)

CRANAplus Annual Conference Hobart, Tasmania 12th - 14th October 2016

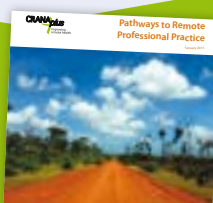
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08 8408 8200



Australian Midwives

Paula Heelan

Published 30 March 2016
RRP \$29.99 PB

From red dust to blue skies, follow the extraordinary real-life stories from Australian midwives.

Each of the midwives in this book work in extreme locations with few resources, but armed with only courage and skill, they regularly save lives and birth babies in difficult circumstances – on an airstrip, a cattle station, a dinghy (knee-deep in water with a wary eye out for the local croc), a troop-carrier or in the face of a cyclone. Featuring eight pages of beautiful full-colour photography from the author, these stories are a tribute to both the skill of the midwives and the courage of mothers. For these women, midwifery is not just a job – it's a committed and passionate way of life.

<http://www.harlequinbooks.com.au>



Australia's Rural, Remote and Indigenous Health 3e

Janie Dade Smith

RRP \$79.95

***Australia's Rural, Remote and Indigenous Health 3e* is a practical guide to learning how to deliver health care in rural and remote Australia.**

This frank and engaging text uses literature analysis combined with history and the personal experiences of rural and remote practitioners to examine rural, remote and Indigenous health through the social determinants of health and a social justice lens.

With three new chapters written with Indigenous authors, this book is a must have for anyone working in or planning to work in rural, remote or Indigenous Australia.

www.elsevierhealth.com.au



The Leading Edge: Innovation, Technology And People In Australia's Royal Flying Doctor Service

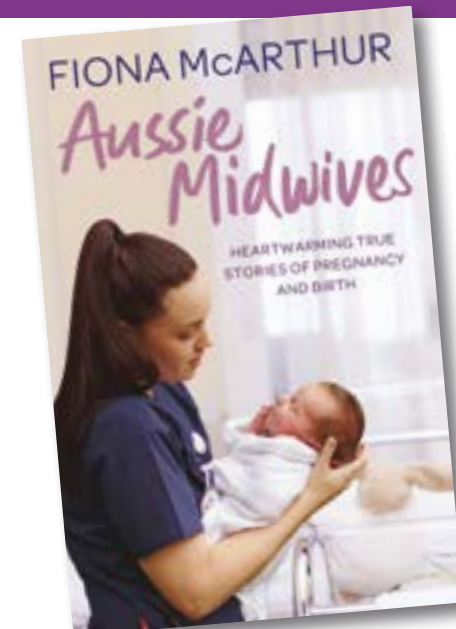
Dr Stephen Langford

RRP \$29.99

The advent of the Royal Flying Doctor Service in the 1930s was a testimony to Australian innovation and ingenuity. Much has been written about the early history of the iconic organisation, adapting aircraft and pedal radios to meet the needs of people in vast remote areas.

In this book, Dr Stephen Langford, the Service's longest serving medico, provides a compelling account of the Service since the late 1970s. Langford's history emphasises the technology and innovation that has enabled the RFDS to remain at the forefront of aeromedical care.

<http://uwap.uwa.edu.au>



Aussie Midwives

Heartwarming true stories of pregnancy and birth

Fiona McArthur

Published 28 March 2016
RRP \$35.00

Join experienced rural midwife, clinical midwifery educator and novelist Fiona McArthur as she meets eighteen awe-inspiring women – and one man – who share their midwifery experiences, complete with the challenges, triumphs, joy and tragedies in *Aussie Midwives*.

In Australia, midwives care for women and families from the cities to the red centre and in every direction to the sea – their midwifery journeys are all different. From homebirth midwives, to rural and remote island nurses, to midwifery educators and clinical midwifery consultants, these stories are brimming with warmth, hope, heartbreak and courage.

<https://www.penguin.com.au/products/9780143799993/midwives-stories>



Above: Horseshoe Bay, SA.

represent

professional services

2016 is already marked to be another eventful year. It was great to be able to enjoy a break over the festive season, for those of us fortunate enough to have one. There is always plenty happening in the remote sector, and opportunities for us to promote remote and isolated practice. A fast pace has already been set for 2016.

As part of this New Year celebration we decided to call our remote and rural mentoring program **LINKS**.

Spelt out individually the words reflect what a mentoring program is all about and the word itself reflects that connection.

Accelerates **L**earning
Ability to **I**ntegrate clinical skills
Opportunities for **N**etworks
Enhance **K**nowledge base
Acquire Professional **S**upport

Our mentoring program continues to grow with rural and remote undergraduate students and health professionals who are aspiring to become our future workforce.

Thank you to those past and present mentors and mentees who contributed to the online Mentoring Survey last year.

The overall results showed respondents have a high level of satisfaction with our program.

The mentoring process was viewed as being beneficial to the mentees' clinical practice, having the highest impact upon their knowledge and skills, with subsequent increase in self-confidence and clarification around workplace practices.

A big 'Thank You' to all those mentors who have provided their valuable time in making this a very positive experience for those students and clinicians.

The mentoring process was viewed as being beneficial to the mentees' clinical practice, having the highest impact upon their knowledge and skills, with subsequent increase in self-confidence and clarification around workplace practices.

Furthermore respondents said they were more likely to hear about the program from colleagues or visiting our website... so keep spreading the word.

Position Papers

We are very pleased our Palliative Care Position Paper has been co-badged with the Australian Palliative Care Nurses Association (APCNA) visit our website: <https://crana.org.au/professional/position-statements>

Birthing On Country Position Paper in collaboration with CATSINaM and Australian College of Midwives (ACM) is in its final stage of endorsement by the three Organisations. Will be posted on our website soon.

Remote Workforce: Gender Diversity and Inclusion Position Statement is currently in the development stage.

Public Consultations

National Immunisation Education Framework survey

This consultation invited public submissions for the draft *National Immunisation Education Framework for Health Professionals*. The draft Framework has been developed to update the *National Guidelines for Immunisation Education for Registered Nurses and Midwives* (the National Guidelines) endorsed by the National Immunisation Committee in 2000.

The draft Framework was developed by the Immunisation Provider Competency Working Group. The Working Group includes representatives of Commonwealth, State and Territory health authorities, and health professional associations. ►►



» Drafting of the framework was informed by the current immunisation education and practises in Australia and other countries with aim to improve national consistency in this area.

CRANaplus contributed to this public consultation. Our position is to recommend the transferability and national recognition of immunisation qualifications across jurisdictions, which is essential to support the mobility of the remote workforce. This important action will assist in removing the existing barriers felt by clinicians as well as being instrumental in supporting and retaining valuable clinicians in remote and isolated areas.

Endorsement for scheduled medicine – Professional Standard for Remote and Isolated Practices Endorsement for Registered Nurses (RIPERN)

The Nursing and Midwifery Board of Australia (NMBA) were seeking public consultation, from interested parties regarding the discontinuation of the RIPERN endorsement standard.

CRANaplus has been actively engaged in discussions with the NMBA, over a substantial period of time, now, around the endorsement and its application nationally. This consultation period closed at the end of February. We will await the outcome, with great interest.

Remote Management program

The very successful workshop held prior to our Conference in Alice Springs, confirmed our commitment to the development of a Remote Management course. The workshop was just the tip of the iceberg in meeting Remote Managers' professional development needs.

CRANaplus has long identified a gap in Professional Development opportunities for management/leadership in the remote context. Given this, CRANaplus Professional Services is in the preliminary stage of developing a National Remote Management Program – 3-month course.

The Program will focus on developing practical workplace skills in leadership and management, clinical governance, program development, with access to 'on-line' modules, supportive

mentors, ability to attend 2-day workshop, as part of the program.

We are excited to be partnering with Australian College Health Service Management (ACHSM) enabling us to tap into their mentors and have access to ACHSM webinars. Currently we are in discussion with Central Remote Health.

It is anticipated that the Program will commence in June/July whereby managers will have access to the on-line modules. In March, an 'expression of interest' will be flagged in our Friday CRANapulse Newsletter... so watch this space.

Health Service Handover Tool

A Health Centre Handover template has been developed for use by health centre staff. It is a resource that can be given to new, relief or visiting staff to ensure they have an adequate orientation resource before and during their stay in your community. It will be posted on our website: <https://crana.org.au/professional/practice/remote-practice>

Windorah PHC Directors of Nursing Conference

We have worked closely with the Central West District, Queensland Health to develop a CPD package to meet the needs of their Primary Health Centre Directors of Nursing Conference, this event is being held at Windorah in March.

We have combined our Education and Professional Services resources and expertise to undertake a two-day workshop on Clinical Governance and ALS course. Combining these two topics provides an excellent opportunity for managers and clinicians to explore potential improvements in clinical practice.

CRANaplus welcome opportunities to take our courses out to places, which are not easily accessible, and to connect with health professionals on the ground. This is the best way to hear about the on-going challenges, ever present in remote and isolated practice. As this is happening in March, we look forward to reporting back in the next Magazine issue.

Marcia Hakendorf and Geri Malone
Professional Services, CRANaplus ●

Sarah believes everybody deserves respect, including the homeless.

She fights for their rights to quality health care.

She becomes a familiar face for those that need help.

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Join us to celebrate
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anyone for an e-cuppa?



Marcia Hakendorf, Professional Officer shared an 'e-cuppa' on Skype with Katrina Rohrlach (e-mentee) and Leanne McGill (e-mentor) who were celebrating 12 months with the CRANAPLUS LINKS mentoring program.

I was interested to hear how the mentoring got started, what they had both learned, and how they have grown in both experiential learning and gaining formal knowledge throughout that time.

Katrina had her first mentoring session with Leanne while at home in the Barossa, then moved to Port Augusta to undertake her Transitional to Professional Practice Program at Port Augusta Hospital with Country Health SA. Throughout the year she said she has felt encouraged, supported, and that it was great to have an 'outside' opinion affirming that she was on the right track.

Katrina talked about how she set an agenda for each meeting with a list of things to talk about. This evolving process saw her move from 'tasks orientated' to a wholistic approach in patient care. One of the skills she learned from Leanne was the art of visualisation – to visualise the patient care needed before putting it into action to assist with prioritisation of care.

"I really enjoyed and benefited from reflecting back on my own practice..."

Leanne also taught Katrina about the social determinants of health by using an acronym – SHNAP'EM which covers lifestyle issues such as smoking, housing and hygiene (personal and environmental), nutrition, alcohol intake, physical activity, emotional wellbeing (along with education), medicines and medical checkups.▶▶

Katrina said: "I really enjoyed and benefited from reflecting back on my own practice and then analysing with Leanne different case studies. In particular, using SHNAP'EM enhanced my own learning, made me consider different factors, and changed my approach to patient care. The mentoring process has aided in my developing competency as a professional, as well as an understanding of how nursing is not just a science but an art."

...it has been a very rewarding experience to see a new graduate RN grow to the point that she has become very clear about her future career.

As an e-mentor, Leanne who currently works in Katherine Hospital as a regional and remote clinical educator for both her own business and also at Katherine Hospital, said it has been a very rewarding experience to see a new graduate RN grow to the point that she has become very clear about her future career.

Leanne has found the experience of being an e-mentor while completing her Master of

Nursing in Clinical Education has helped her consolidate her own theoretical learning.

She said this has been particularly apparent in the e-mentoring role and its use of participatory action learning and action research, which is a contemporary method of sharing knowledge through discussion, listening, collaboration, reflection and relationship-building within one's professional community.¹

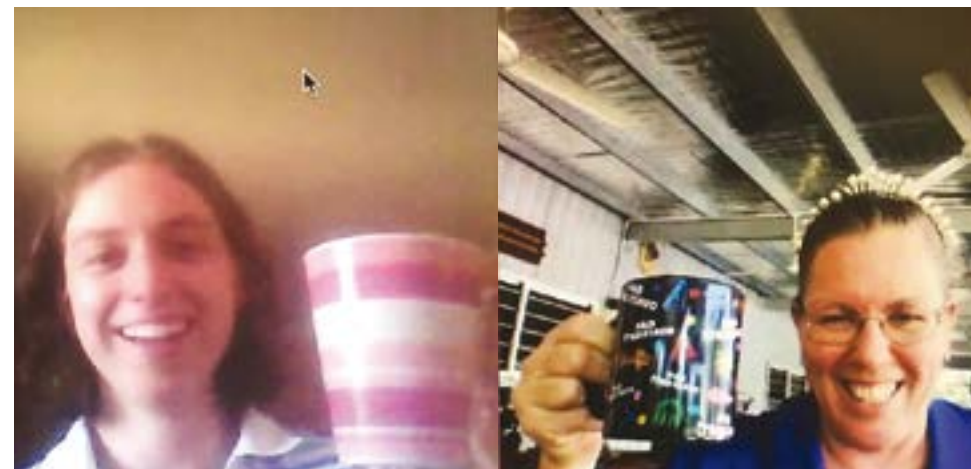
Leanne and Katrina both described the e-mentoring as a two-way process, commenting on one particular point during the 12 months when they were both working in the Emergency Department of their respective hospitals and were able to share similar experiences.

Katrina has now started postgraduate renal studies and is working in the Renal Satellite Unit at Port Augusta Hospital.

All the very best to you both with your continued mentoring for the next 12 months.

Reference:

1. Zuber-Skerritt, O. (2015). Participatory Action Learning and Action Research (PALAR) for Community Engagement: A Theoretical Framework. *Educational Research for Social Change (ERSC)*, 4, 1, 5-25. ●



the eyes have it

The National Rural Health Student Network (NRHSN) is celebrating its 21st birthday in 2016. As part of the celebrations, the NRHSN is highlighting former Rural Health Club members who have gone on to make an impact with their careers. Here is one of them...

When Angus Turner enrolled in medicine at the University of Western Australia in 1995, he joined the SPINRPHEX Rural Health Club. It was, as he says, "what got me started on my rural health journey".

His travels have since taken him to some of WA's most remote corners, where he has restored sight to hundreds of people.

Dr Turner, the McCusker Director of Lions Outback Vision, is determined to make eye health care accessible for remote people, particularly those living in Indigenous communities.

The need is overwhelming. Aboriginal and Torres Strait Islanders are six times more likely than other Australians to go blind.

"We know that 94% of vision loss in Indigenous Australians is preventable or treatable," Dr Turner says. "However, 35% of Indigenous adults have never had an eye exam."

After completing his medical degree in 2000 – including stints on the SPINRPHEX executive and John Flynn placements on Christmas Island – Dr Turner specialised in ophthalmology.

His heroes were people like Fred Hollows and WA ophthalmologist Phil House, who had been visiting the Pilbara for more than 20 years to deliver care.

In 2012, Dr Turner founded Lions Outback Vision, part of the Lions Eye Institute at the University of Western Australia.

Dr Turner continues to run clinics in the bush as part of an outreach program that includes a team of optometrists, orthoptists, nurses and liaison workers.



"Patients who may have been blind in both eyes have a short procedure that doesn't cause pain and then the next day they can see their children and grandchildren," he says. "It's just great to be part of that."

The team also treats conditions such as diabetic retinopathy, which causes blindness if not identified in time.

Lions Outback Vision has also been using telehealth so remote patients can have consultations with eye specialists in Perth.

Dr Turner is currently looking forward to the launch in March this year of the new Lions Outback Vision Van. This mobile eye health facility will consist of three consulting rooms, filled with specialist equipment. It will provide comprehensive care for cataracts, refractive error, trachoma, glaucoma and diabetic retinopathy.

"Patients who may have been blind in both eyes have a short procedure that doesn't cause pain and then the next day they can see their children and grandchildren..."

The van is expected to travel more than 24,000 kilometres a year providing services in Albany, Esperance, Kalgoorlie, Leonora, Wiluna, Newman, Roebourne, Karratha, Port Hedland, Broome, Derby, Fitzroy Crossing, Halls Creek, Kununurra and Katanning.

When he's not flying in to a remote clinic, Dr Turner maintains a busy schedule from his

Above: Dr Turner shares a happy moment with Mavis, who is clearly delighted after having her sight restored. Photo courtesy of Alan McDonald, Fred Hollows Foundation.

Perth base. An Associate Professor at UWA, he is involved in a number of research projects at the Lions Eye Institute, focusing on service delivery for remote and Indigenous people.

He also co-chairs the WA Eye Health Advisory Group, is a consultant at Fremantle Hospital and an ophthalmology teacher for the Rural Clinical School of Western Australia – encouraging the next generation of rural health leaders.

Footnote:

If you are a former Rural Health Club member, and you'd like to be involved in the NRHSN's 21st celebrations, they'd love to hear from you. Please email nrhsn@rhwa.org.au or call (03) 9860 4700. ●

APNA Transition to Practice

Combined with an impending shortage of nurses, there is an increasing rate of unemployment within the nursing profession. According to the Australian Institute of Health and Welfare (AIHW) 9,100 registered nurses and midwives in Australia are unemployed – a 102% increase since 2011.¹

APNA Transition to Practice aims to test and model an accessible, flexible and structured support program to increase the confidence, competencies, skills and knowledge of nurses who are starting work in primary health care settings, to better support nurses to remain in the primary health care workforce.

The 12-month work setting-based, structured program, informed by Australian and international models, aims to facilitate transition into clinical practice by nurses in two cohorts – nurses newly graduated from Australian universities, and experienced nurses from other healthcare settings who have worked after qualifying and are seeking to successfully integrate into primary health care work environments. This work aims to contribute to:

- An increase in retention of nurses working in primary health care in the context of evidence that early career nurses have a disproportionate rate of exit from the profession.
- An increase in the breadth of graduate nurse employment opportunities while balancing graduate nurse support with workplace needs.

For more information and regular updates on both projects, visit the APNA website.

Reference:

1. Australian Institute of Health and Welfare (AIHW). Nursing and midwifery workforce 2014: www.aihw.gov.au/workforce/nursing-and-midwifery ●

connect

nurses leading best practice in primary health care

Nurses working in primary care in Australia are well placed to take on a more active role in addressing the increasingly challenging healthcare needs of Australian communities. In recognition of this, two new projects have been recently launched by the Australian Primary Health Care Nurses Association (APNA), funded by the Australian Government. These projects aim to build both the capacity of the primary health care nursing workforce and support nurse workforce innovation.

Enhanced Nurse Clinics

Building on previous work undertaken in 2015, APNA has begun working with service providers to develop innovative models of clinical care delivered by nurses working across primary health settings. This project, funded for two years, will see a total of ten sites selected

Australia-wide, establishing nurse clinics, in metropolitan, rural and regional locations, based on local population health needs. It is anticipated these clinics will have the potential to be applied to similar settings in Australia and will deliver the following outcomes:

- Documented models of service innovation in primary health care led by primary health care nurses.
- An understanding of factors (at personnel, site and program-support level) associated with the successful embedding of service delivery innovations led by primary health care nurses.
- An understanding of the financial and economic costs and benefits of a range of service innovations.
- An improvement in screening rates, early disease detection or indicators of sound chronic disease management and/or healthy ageing in patients and target populations.



Above: Encounter Bay, SA.

review of volatile substance use among Aboriginal and Torres Strait Islander people released

Edith Cowan University's Australian Indigenous Alcohol and Other Drugs Knowledge Centre (the Knowledge Centre) has released a comprehensive review of volatile substance use (VSU) among Aboriginal and Torres Strait Islander people.

This latest review by Dr Christina Marel from the National Drug and Alcohol Research Centre (NDARC) at the University of NSW, is an update of the original 2011 review written by Australian Indigenous HealthInfoNet staff in collaboration with Dr Sarah MacLean from La Trobe University.

The purpose of the review is to provide a comprehensive synthesis of key information on VSU for people involved in Aboriginal and Torres Strait Islander health in Australia. The review focuses on a few key areas, including: the nature of volatile substances; the effects of VSU; and current approaches to VSU. There is a specific focus on supply and demand reduction approaches and treatment responses in Aboriginal and Torres Strait Islander communities.

VSU has historically been an area of particular concern to both Aboriginal and Torres Strait Islander people and non-Indigenous Australians, particularly young people. According to the review, there are two predominant forms of VSU; the use of inhalants (glues, deodorants and spray paints); and the sniffing of petrol (which occurs primarily in rural or remote communities). VSU has typically been associated with a range of risk factors, which include: socio-economic disadvantage; low education levels; unemployment; family dysfunction and cultural disruption. For Aboriginal and Torres Strait Islander people, petrol sniffing is the most prevalent form of VSU, with the majority

of petrol sniffers aged between eight and 30 years old. Findings from the review indicate that prevalence of petrol sniffing is dropping, based on a comparison between a 2008 survey, and a follow-up estimate currently being undertaken, however this has not been uniform in all of the communities surveyed.

A key strategy to addressing VSU in Aboriginal and Torres Strait Islander communities, particularly petrol sniffing, is supply reduction, which includes: product modification strategies; restriction of physical access to substances; mandatory sales restrictions; and voluntary sales restrictions. The introduction of low aromatic fuel (LAF) in 2005 has been a particularly successful method of supply reduction, which, according to the review, has seen a substantial reduction in petrol sniffing in Central Australia. A 2008 evaluation found a 94% reduction in petrol sniffing across Central Australia following the rollout of LAF, and a significant relationship between community distance to an unleaded fuel source, and the size of the decline in sniffing in communities. Despite the success of LAF however, it has been noted that it is only one aspect of reducing VSU, and needs to be carried out in conjunction with a range of other strategies to fully address the problem.

Another strategy that has worked particularly well to address VSU in Aboriginal and Torres Strait Islander communities is demand reduction, which aims to address the underlying causes of VSU. Community-based approaches have seen a positive shift towards reducing VSU, with initiatives such as *Petrol link-up*, *Makin' tracks*, *Central Australian youth link up service (CAYLUS)* and the *Cairns inhalant group* reporting significant reductions in VSU.



The review noted that strategies that are consultative, empowering, public-spirited and community-based are more likely to be effective because they are tailored to the community, and are community driven and owned. Further, the sense of ownership and empowerment ensures that community members are actively engaged and involved in the response process, rather than passively on the receiving end of directive policy.

You can access the *Review of volatile substance use among Aboriginal and Torres Strait Islander people* at this link: <http://www.healthinfo.net.ecu.edu.au/uploads/docs/volatile-review-2016.pdf>, or via the Knowledge Centre website (<http://www.aodknowledgecentre.net.au/>), along with other reviews for alcohol use, illicit drug use, and use of kava.

Millie Harford-Mills, Australian Indigenous Alcohol and Other Drugs Knowledge Centre. ●



AIDA 2016

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Are you passionate about Indigenous health?

AIDA 2016 is AIDA's annual networking and professional development event. It provides cultural engagement and knowledge sharing, and is an opportunity to celebrate the achievements of our Aboriginal and Torres Strait Islander doctors and students.

About us

The Australian Indigenous Doctors' Association (AIDA) is a not-for-profit member-based professional association contributing to equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander people. AIDA's vision is to reach population parity in the medical profession of Indigenous doctors, and to inform and support a culturally safe health care system.

We welcome Australian and international experts in Indigenous health and wellbeing to join us at AIDA 2016. Stakeholders and delegates across the medical educational and training continuum will find this a rewarding and inspiring event.



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Australian Indigenous Doctors' Association

Did you know that 20% of Australian women continue to drink alcohol after their pregnancy has been confirmed? That's 1 in 5 women.

Most women visit a health professional when they are pregnant for advice on a range of topics, including alcohol. These visits present the ideal opportunity to discuss alcohol consumption and inform women that not drinking during pregnancy is the safest option.

However, research shows that health professionals encounter a range of barriers in initiating these conversations. Some say they're reluctant to discuss alcohol consumption due to concerns the patient may feel uncomfortable, or because they are unsure of what advice to provide and where to refer women if necessary.

A national campaign, *Women Want to Know*, aims to overcome these barriers by encouraging health professionals to routinely discuss alcohol and pregnancy to ensure that women are fully informed.

Alcohol consumption during pregnancy is known to cause birth defects^{1,2,3} and is also linked to other adverse effects including miscarriages, premature births, low birth weights and Fetal Alcohol Spectrum Disorders (FASD). Conversations about alcohol with women who are pregnant or planning a pregnancy are important as these can assist women to stop or reduce their alcohol use and prevent these adverse consequences from occurring.

Australian women consider health professionals to be the best source of information on alcohol and pregnancy and many are willing to make changes to their behaviour if advised to do so by this trusted source. However many women do not specifically ask about alcohol, as they expect all important issues will be raised by a health professional.



To learn more about the *Women Want to Know* project and access the FREE accredited online Continuing Professional Development training and resources, visit www.alcohol.gov.au

Women Want to Know has been developed by the Foundation for Alcohol Research and Education (FARE) in collaboration with the Australian Government Department of Health and key health professional bodies.

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Paul Pholeros, (1953–2016)

Indigenous housing pioneer, dies at 62

"In the politically-charged world of Indigenous affairs, Paul never stepped back from simply telling it straight."

Architect Paul Pholeros, widely recognised for his work in improving the health of Indigenous communities, died at the Royal Prince Alfred Hospital in Sydney on February 8th after a short illness, leaving an inspiring legacy.

A co-founder of Healthhabitat in 1985 – a not-for-profit that created a new model in Australia for Indigenous housing projects – Mr Pholeros worked alongside remote, urban and rural communities to improve amenities in more than 8,000 houses – and the health of more than 50,000 Indigenous Australians.

...he once said growing up in a household with Greek-speaking grandparents gave him a different perspective that allowed him to be open to experiences with the Aboriginal people.

Pholeros founded Healthhabitat with Dr Paul Torzillo and anthropologist Stephan Rainow, and the organisation has been awarded multiple honours over the past 30 years, including a UN World Habitat Award for its impacts on public health. Pholeros' contribution was recognised in 2007 with an Order of Australia.

An adjunct professor of architecture at the University of Sydney, he once said growing up in a household with Greek-speaking grandparents gave him a different perspective that allowed him to be open to experiences with the Aboriginal people.



Cuts in federal funding to continue his award-winning projects nationally meant in recent years he and his colleagues focused on Aboriginal communities in NSW, while using their unique experience to help similar disadvantaged communities – from Nepal and Bangladesh to the Bronx in New York. Their mission remained constant: to improve the health of those who need it most, particularly children, by improving their living environment.

Speaking of his long-term friend Professor Torzillo said: "He was a truly humble, giant of a man in every sense of that phrase. He had a huge intellect, a great physical presence, an enormous capacity for work, and a lasting impact on everyone he met."

"His legacy is his influence on people working away doing genuinely 'good work', in equality, and the practice of social justice. The link between the living environment and health, the idea of 'health hardware', this is now firmly on the map."

President of the Australian Institute of Architects Jon Clements said Pholeros had an "unwavering commitment to improving the lives of those living in disadvantaged communities around the world through his award-winning health and sanitation programs".

"Anyone who had the opportunity to hear him speak about his work could not help but be moved, changed in some fundamental way."

"His exceptional work has made valuable impact in Indigenous and disadvantaged communities across Australia and around the world from Johannesburg to New York, and will leave an enduring legacy."

"His exceptional work has made valuable impact in Indigenous and disadvantaged communities across Australia and around the world from Johannesburg to New York, and will leave an enduring legacy."

Tributes also flowed from architectural peers. Adrian Welke of Troppo Architects in the Top End said: "In the politically-charged world of Indigenous affairs, Paul never stepped back from

simply telling it straight. As the best architect should be, he was a champion for his client. He was our mentor, our guide, and always our friend, with a twinkle in his eye and a self-deprecating quip at the ready."

"It is impossible to imagine his lean and taught bower and studio high on Bilgola Plateau – the platform refuge shared with his partner Sandra – without his big presence."

It was here, between months on the road, surrounded by bush and a big view, he would recharge, to continue his polite but unwavering 30-year battle against the antipathy and prejudice that precludes our first Australians in sharing our society's riches of housing, health and education.

"The torch will be carried on, for he has taught us well – but how well and with what authority is the question, and, for all of us, our individual challenge."

Pholeros is survived by his mother and wife Sandra Meihubers.

Journalist Michael Sweet

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You are contributing to your profession, by being a member of a CoNNMO member organisation involved in advancing nursing and midwifery.

For a list of CoNNMO member organisations go to
<http://www.conno.org.au/members>

Professor Neil Thomson (1942–2016)

Neil Thomson passed away peacefully on 24 January 2016 surrounded by his loving family. Neil was the founding Director of the Australian Indigenous HealthInfoNet.

He was a passionate, brilliant, and generous man in his family and professional life. Neil's long and distinguished career was dedicated to promoting and improving the health and well-being of the Aboriginal and Torres Strait Islander people.

Neil's determination and long-term involvement in Aboriginal and Torres Strait Islander health began with his tertiary training in medicine, mathematics, anthropology and public health.

Neil was responsible for establishment of the Australian Indigenous HealthInfoNet which, due to his pioneering efforts, is a nationally respected, innovative and award-winning resource.

His foundation of more than 25 years' experience gave him the credentials as a leading authority in the translation of Aboriginal and Torres Strait Islander health into practical strategies that informed policy and practice to deliver positive health outcomes.

Neil's formal qualifications included a Bachelor of Science (Mathematics); Bachelor of Medicine, Bachelor of Surgery; Bachelor of Arts (Anthropology); Master of Public Health; Fellow of the Australasian Faculty of Public Health Medicine; Doctor of Medicine.



The success of the Research Fellowship Neil undertook at the Australian Institute of Aboriginal Studies (AIAS) in Canberra in the early 1980s resulted in Neil's role being transferred in 1985 to the newly-established Australian Institute of Health (now AIHW) as Head of its Aboriginal Health Unit, a position he held until 1993.

Reflecting Neil's overall knowledge of Indigenous health, he was the epidemiology consultant in 1989–1991 to the Royal Commission into Aboriginal Deaths in Custody.

As a part of this work, he produced a national overview of Aboriginal and Torres Strait Islander health and jurisdictional summaries for NSW, Queensland, WA, SA and the NT.

He also wrote the Commission's health-related sections. In 1997, Neil was responsible for establishment of the Australian Indigenous HealthInfoNet which, due to his pioneering efforts, is a nationally respected, innovative and award-winning resource. ●



Australian Indigenous
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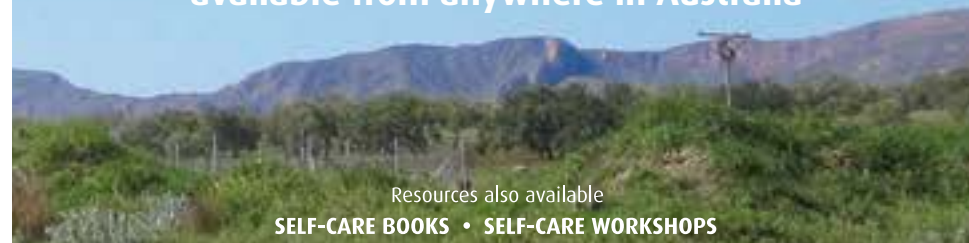
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