

issue 102 | winter/dry season 2016

CRANA^{plus} magazine

RRP: \$10.00

the voice of remote health

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

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from the editor

This edition has a wealth of heart-warming and informative reading for the cold days ahead (or warmish/dry days if you're up north).

After 12 years Libby our Director of Education is moving on and we reflect back on the changes she has seen during that time and the part she has played in taking a small service to what it is today.

The Isolated Children's Parents' Association of Australia (ICPA) was formed in 1971 when the founders saw the impact that drought conditions were having on children's access to education. Today this non-partisan, entirely voluntary organisation is a powerful and well-respected lobby group. Read about their achievements on behalf of remote families.

Breast cancer is the most common cancer affecting Australian women. In 2016, it is estimated that 15,934 women will be diagnosed with breast cancer. This means on average, 43 women will be diagnosed with breast cancer every day. Recently I tapped into the Breast Cancer Network Australia services, an invaluable resource which is so easily accessed in metro areas. I invited BCNA to tell us of services available, both personal and professional, to those of you in remote settings. And remember, CRANAplus Bush Support Services is also there for you and your family, toll free 24/7. Details are on the adjacent page.

'Mindfulness' is the word and we are encouraged to incorporate this strategy in to our busy daily lives. CRANAplus Bush Support Services talks about this simple technique and the great benefits it offers.

The Education division never rests! Their latest offering is the Triage Emergency Sessions, developed to provide some triage training to non-clinical staff, particularly GP surgery receptionists. eRemote, our eLearning platform, is undergoing changes in appearance, software and content to make the learning experience better and easier for you.

Finally we hear from RN Greg Clark who was glad he had completed our Maternity Emergency Care Course recently.

Hope to see you in Hobart in October when we gather for our 34th National Conference.

Happy Reading!

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.

Magazine circulation 15,000.

CRANAplus graciously acknowledges the Australian Government Department of Health for making this magazine possible through grant funding.

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

About the Cover: 'Thirsty work' Harry Philp from Wyena Station, Clermont, Queensland. Photo: Paula Heelan.



from the ceo



Dear CRANApplus Members and Stakeholders,

I hope you enjoy this edition of the much sought-after CRANApplus Quarterly Magazine, where we bring you not only the latest news about remote and isolated health but also beautiful pictures and fascinating stories from the bush.

The past few months have been a sadly challenging time within our industry following the tragic murder of one of our own. This sharply focused not only our own, but also the mainstream community's attention on the issue of personal safety for people providing healthcare in remote and isolated areas.

The spotlight has encouraged service providers to review their procedures and infrastructure to mitigate risks as much as possible. However, safety is a complex, multi-faceted issue, made all the more challenging in isolated, resource-poor, culturally-diverse settings. Although we can't always protect ourselves from violent, random acts of criminality, our professional preparation, workplace structures and personal behaviours can help to keep us and our clients safer.

The recent portrayal of remote health in the media reminded me how little most Australians know about the remote parts of their country, truly a national shame. We may occupy the vast majority of the Australian landmass, but clearly not so much of the population's musings! Our recent remote health report card is published in this magazine. We hope this helps to improve community awareness about the inequity and disadvantage experienced by people who, by chance of birth, lifestyle choice, work commitments or because they followed their heart, live, work and play in beautiful remote Australia.

Our Director of Education Services, Libby Bowell, has resigned from CRANApplus after 12 years of faithful service. Libby has been instrumental in the growth of the education services of CRANApplus, from a hand full of courses and equipment to a truly high quality, nationally recognised enterprise. Libby reflects on her time with CRANApplus on page 8.

By the time this magazine hits your mailboxes, we will be striving to ensure that the upcoming CRANApplus Conference in Hobart will be another opportunity to hear diverse and interesting presentations. I hope you get the opportunity to come along and catch up with old friends, make new ones and spend a few days to explore beautiful Tasmania. You are welcome to join the CRANApplus mob on the Saturday as we 'buy up' the Salamanca markets, before boarding the boat to the confronting and fascinating MONA – Museum of Old and New Art.

Cheers

Christopher Cliffe
CEO, CRANApplus



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



On Island works with remote health services to implement the National Standards towards accreditation in a meaningful way.

On Island also provides highly-experienced and qualified Remote Area Nurses to remote, usually island-based, health services.

**For further information contact
us at info@onisland.com.au**



engage

president's musings

This past quarter has been one of the most challenging at CRANApplus in its 30+ years of operation. The murder of one of our own, whilst on call in a remote community, has resulted in the extraordinary grief of the whole remote workforce as well our colleagues, friends and members of the Australian community.

It has again raised the issue of safety of the remote workforce and CRANApplus has been very active in lobbying for and addressing this important issue at all levels. We called on politicians, government and our remote and rural organisational colleagues for support, which attracted considerable media attention. We lobbied for the following five key priorities for the remote workforce:

1. Zero tolerance to violence and aggression.
2. All after hours call outs to be accompanied.
3. All single nurse/clinician posts to be avoided.



4. The establishment of a national safety implementation group to develop, implement and monitor a set of minimum standards/training for the remote health industry.
5. All employers to immediately work with communities to review their structures, policies and systems to ensure a safe workplace for their remote health workforce, in accordance with Workplace Health and Safety legislation.

Whilst this has been an extremely difficult time for you all, I was overwhelmingly impressed by the personal and professional support you offered each other at this time, through your various mechanisms; as well as the very proactive ways in which you are continuing to ensure that you only work in safe working environments.

I also want to acknowledge the many employers who have immediately reviewed their policies and implemented change.

The voice of the whole remote workforce continues to be strong and as one very wise remote nurse told me 'if you have not been affected by this then you are not human', which speaks of the impact this has had to us all.

Please remember that you are not alone and that CRANApplus Bush Support Services is there to support you anytime 24/7 – 1800 805 391.



Please remember to do something nice for yourself every day, continue to support and appreciate each other.

As my term expires this year, I would also like to take this opportunity to thank you all, as well as my fellow Board Members and CRANApplus staff for the support and advice that has been provided to me personally over the past 5 ½ years on the Board and especially at this time.

This year three board members' terms expire so I encourage you to think about running for the CRANApplus Board elections later this year. You will see the call come across in July.

Please remember to do something nice for yourself every day, continue to support and appreciate each other.

My very sincere best wishes to you all.

Dr Janie Dade Smith
President, CRANApplus ●



Fiona Wake was so impressed with the CRANaplus services and the dedication of its members during her tenure as Clinical Manager with the Remote Area Health Corps (RAHC), she jumped at the chance to become a Board member.

Now working as the Safety, Quality & Accreditation Manager for Primary Health Care with the NT Government's Top End Health Service, Fiona hopes to provide sound insight and a valuable contribution to the Board on safety and other issues.

"At the moment, my role is highly focused on safety and support for health professionals and clients in remote areas," she says.

"The subject of safety is huge, it's emotional and it's real – CRANaplus members are living and breathing it every day.

"I am dedicated to help reduce risk for those living and working in remote and isolated locations through feedback from remote-area health workers, and information about what the issues are. This will help ensure the work towards closing the gap in health inequities for remote communities can continue.

"Remote is such a wonderful, rich place to work and it is so important that we also focus on how incredible it is, how life-changing it can be for so many people."

Fiona is a Registered Nurse with more than 25 years' experience across acute and primary health care including rural and remote settings. Originally from Melbourne, she first went to the Northern Territory in 2007 to work on the Tiwi Islands – and now calls the NT home. ●



Belinda Gibb, a proud Darug woman and passionate educator who is focused on helping Indigenous people reach their leadership potential, is keen to make her mark on the Board of CRANaplus.

"CRANaplus has a huge cohort of Aboriginal and Torres

Strait Islander clientele and there are a substantial number of Aboriginal Health Workers (AHW) in remote and regional areas," she said.

"Indigenous cultures are starkly different from the mainstream, and there are 2000 communities around the country with very different cultures between them.

"Representing them on the Board, I hope to bring those subtleties to the fore in treating people.

"I'd also like to look at issues such as training for Aboriginal Health Workers, identifying issues that may affect their ability to build their career and encouraging them to join CRANaplus."

Belinda recently took on the role of CEO at the Australian Indigenous Leadership Centre (AIRC), which has transformed the lives of more than 2,000 graduates since it was established in 2001.

"A good leader has integrity, focus and a desire to take people on the journey with them," Belinda says. "It's not just about the leader having skills – in the process of leading, a good leader advances other people in the process."

Governance is another passion of Belinda's, who hopes her experience in this field will benefit the Board.

Belinda, who has had a number of private and public sector management roles, discovered her passion as an educator while teaching at the Australian National University's technology arm ANUTECH. ●



decision time

Making crucial life-changing decisions in the middle of a raging epidemic is normal for Registered Nurse Libby Bowell. Not so simple was her latest decision regarding her own future.

"My heart lies clearly between remote health in Australia and Red Cross overseas," she said. "Both are so important to me."

For 12 years, Libby has headed the team that's built up the educational programme at CRANaplus from one course a month to an average of two a week. She has increased the training options offered by Australia's only national organisation looking after remote area health workers from two to seventeen.

"CRANaplus has been really good to relieve me when possible... But I had to make a decision."

In that time, Libby has also responded to many calls from International Red Cross to help in overseas humanitarian missions. Her unstinting efforts in disaster situations was recognised last year, when she was awarded the highest international distinction a nurse can achieve, the Florence Nightingale Medal.

"CRANaplus has been really good to relieve me when possible," she said. "But I had to make a decision."

And so, to make International Red Cross a "more accessible" part of her life, Libby has resigned as national Director of Education with CRANaplus.

Libby's resignation will make her a free agent to fly off around the world when needed by International Red Cross and other humanitarian organisations. Already she is being asked about her availability to go to Tanzania where there is a cholera outbreak.

This was neither an easy nor a quick decision, she said.

Last year, Libby spent time back working in the Bush, with the Murray Island Indigenous community in the Torres Strait and in her old stomping ground of Wadeye in the Northern Territory. She loved brushing up on her skills, catching up with community residents who she remembered as toddlers – and realised how much she missed the world of remote and clinical health.

At the end of last year, she played a major role in the recovery health mission for Norcross in the aftermath of the Nepal earthquake which killed over 8,000 people and injured more than 21,000.

Both experiences helped her make her decision.

"I was a diehard east coast girl with a surfboard under my arm," says Libby who thanks remote area nursing in the Aussie Bush for taking her nursing career in directions she never expected.

A three-month stint in Alice Springs as a nurse in her early 30's introduced Libby to the world of remote health and then on to working with International Red Cross. "I have never really gone back to working on the east coast since then," she said.

"Remote nursing in Australia is an ideal training ground to lead into so many diverse areas," she said. "Because of the depth of experiences, it gives nurses so many options."

Libby is proud of the growth of educational courses offered by CRANaplus. "When I started we didn't have an education office. Now we have an office with a warehouse filled with eight tonnes of equipment and a team of admin people, logistics officers and course facilitators.

"This year, our calendar lists 105 sessions throughout the country and the topics include a wide range, from emergency to paediatrics.



Libby's resignation will make her a free agent to fly off around the world when needed by International Red Cross and other humanitarian organisations.

We are also increasing our online offerings.

"I feel really strongly that distance should not make a difference. People should still have access in this country to great emergency care. And remote health workers have a right to access to education and professional development.

Above: Education & Admin Team in the CRANaplus warehouse in Adelaide.

"We provide education aimed at making sure nurses, midwives, Aboriginal and Torres Strait Islander health practitioners, isolated practice GPs and paramedics have the relevant knowledge."

No surprise then that Libby has no intention of cutting all ties with CRANaplus. She will be volunteering to facilitate courses. "The rest of this year is about exploring my options and that will mainly mean splitting my time between working as a RAN, an international health delegate and also a casual nurse in the emergency department at my local hospital in Northern NSW. ●

the voice of rural parents

A mother on an outback property tucks the baby under her arm, gathers the toddler and older brother and prepares for another day in their home schoolroom. A farm couple worries how their children will get to school when the bus run is closed down. A Uni student rushes from the lecture hall to her job – one of three she has to be able to afford to live away from home whilst studying.

What is the common thread that links all these scenarios? It is a voluntary lobby group that is the voice of mums, dads and families living, working and trying to educate their children in the bush.

That group is the Isolated Children's Parents' Association of Australia (ICPA), formed in 1971 by a group of NSW parents who saw the impact

drought conditions were having on children's access to education. The organisation grew rapidly with branches forming across Australia.

Today this non-partisan, entirely voluntary organisation is a powerful and well-respected lobby group. Delegations to State and Federal Parliaments take place regularly and ICPA is always welcomed and listened to. Its issues are thoroughly researched and presented with realistic solutions. ICPA never asks for more but nor will it accept less. Equity of access to education for all is its aim.

Motions presented by members to State and Federal conferences drive the policies of the ICPA. Guests attending conferences hear firsthand the stories of hardship and heartbreak some families face in educating their children. Parents with special needs children who can't

get the support they need, families unable to assist their children with university costs due to a drought, Distance Education students being left behind due to a lack of decent internet and families forced to move to the city to access the education their children deserve.

A parent who has never spoken in a public forum will, with trembling voice and tears in her eyes, passionately ask ICPA to assist with her issue.

A parent who has never spoken in a public forum will, with trembling voice and tears in her eyes, passionately ask ICPA to assist with her issue. These people love living and working outside the metropolitan area – they are just asking for what those living in a city have access to – a quality education for their children.

In the years since its inception ICPA has always ensured it remains relevant and up to date. Members are kept informed via a user friendly website, emailed bulletins, a hard copy quarterly magazine as well as social media forums such as Twitter and Facebook.

The opportunities that ICPA opens up for its members are enormous. From a role at branch level, to being a State or Federal Councillor, there are opportunities for personal growth as well as learning various skills, all with the support of fellow members.

Many ICPA members' attribute the organisation for opening doors for them in both their personal and business lives.

In its 45th year the Isolated Children's Parents' Association of Australia is proud of its achievements but knows the fight must continue if the children of rural, remote and regional Australia are to achieve their full potential. ●



ICPA Sports camps are an important event for children who study through distance education and attend School of The Air.



Small bush schools are able to have fun.

supporting australians affected by breast cancer

Breast Cancer Network Australia (BCNA) is the peak national consumer organisation for Australians affected by breast cancer and consists of a network more than 110,000 members, including nearly 47,000 living in rural, regional and remote areas.

BCNA receives funding from the Australian Government, through Cancer Australia, to support rural and regional people affected by breast cancer. As part of this funding, BCNA delivers community information forums, which have reached more than 5,000 women in rural areas around Australia since 2008.

The information forums assist rural people to adjust to the diagnosis and treatment of breast cancer by providing the opportunity to hear from a wide range of speakers, including medical oncologists and psychology experts, who present on the latest developments in breast cancer treatment and care. Women and their supporters are also provided with practical advice to manage their physical and emotional wellbeing. There is also a strong local focus to the forums program, ensuring that women are aware of, and able to take advantage of, local services and support such as Cancer Councils, breast care nurses, local peer support groups and physical activity programs.

The forums are successful in providing ongoing support for women with a number of key breast cancer challenges. Recent research conducted by BCNA found that attending the forums helped 65 per cent of women with emotional issues, side effects from treatment and financial concerns. The forums have also inspired women to make positive changes in their lifestyles, with 35 per cent of women becoming physically active who had not been before. Twenty six per cent of women reported making positive changes to

Breast
Cancer
Network
Australia



their diet. These changes were sustained at least six weeks following the forum.

Olympian and BCNA Board Member Raelene Boyle says forums allow BCNA to travel across the country providing up-to-date breast cancer information.

"Forums are vitally important to communities of women longing for information and contact," she says.

"Women get an opportunity to be in a room with a medical oncologist, psychologist, or specialist who is willing to answer the questions they have, at a level they can relate to."

"Women get an opportunity to be in a room with a medical oncologist, psychologist, or specialist who is willing to answer the questions they have, at a level they can relate to."

BCNA forums also aim to address the unique needs of women with secondary (metastatic)



breast cancer, who often feel less supported with their breast cancer compared to women with early diagnosis. Many of the forums offer tailored treatment and psychology sessions for women with secondary breast cancer to help meet their unique needs. BCNA research has shown that the split sessions have led to many of these women utilising allied health services in their community, such as breast care nurses. The forums also provide an opportunity for women with secondary breast cancer to connect with other women in their community.

BCNA forums are a unique opportunity for people to receive tailored breast cancer information and ask questions away from a hospital setting while at the same time connecting with others who are going through a similar experience. Since attending the forums, up to 85 per cent of attendees feel more emotionally able to cope with their diagnosis while being better equipped to access information and services to better support them.

BCNA will continue to evaluate and deliver tailored information forums to meet the needs of rural, regional and remote Australians affected by breast cancer.

Above: BCNA members with CEO Christine Nolan.

The organisation is undertaking a second project looking at treatment outcomes of non-metropolitan women and will continue to advocate for equitable and affordable access to treatment and care for all Australians.

BCNA will be hosting breast cancer community information forums in major cities and rural and regional locations around Australia. The forums are a free event and provide a light lunch and refreshments.

For more information or to register for a rural, regional or remote forum, visit www.bcna.org.au or phone 1800 500 258. ●

Upcoming forums

Busselton, WA	22 June 2016
Kalgoorlie, WA	23 June 2016
MacKay, QLD	20 August 2016
Roma, QLD	25 August 2016

thank the midwife

Glen Innes Hospital midwives celebrated International Midwives Day by getting out into their community.

The team set up a stall in the town square to provide information to pregnant women, new parents and those who are interested in a career in midwifery. The day gave the community a chance to thank a midwife that has cared for them, said Glen Innes Clinical Midwifery Educator Sarah Whyte.

"As midwives working in a rural community we have the privilege of caring for women and their families across all continuums of midwifery," Ms Whyte said.



Above: Back row: Midwife Rebecca Collyer and Acting Health Service Manager Penny Whan. Middle row: Josh Reid (Dad), Midwife Debbie Key holding baby Isabella Reid, Melissa Valinoti (Mum of Isabella) and Sarah Whyte Clinical Midwifery Educator. Front row: Midwife Hayley Cox.

"We see a woman in the antenatal, birth and postnatal period and often we will see them again for their next baby.

"The Glen Innes Maternity unit is a small unit but, with our two General Practitioner Obstetricians by our side, we have a great team. It is great that we can deliver local babies at the Glen Innes Hospital."

Since 1991, International Midwives Day has been celebrated on 5 May to raise awareness of the important job midwives do and the care they provide in the community. The theme this year was *Women and Newborns: The Heart of Midwifery*.

"Having a baby is one of the most amazing events in a parent's life and midwives play a vital role in this," Ms Whyte said.

"Celebrating International Midwives Day with the community gave us the opportunity to continue to play a role in families' lives.

"Celebrating International Midwives Day with the community gave us the opportunity to continue to play a role in families' lives."

"We handed out information on breastfeeding, safe sleeping for babies, labour and birth options and anything else pregnant women or new parents wanted to ask us." ●

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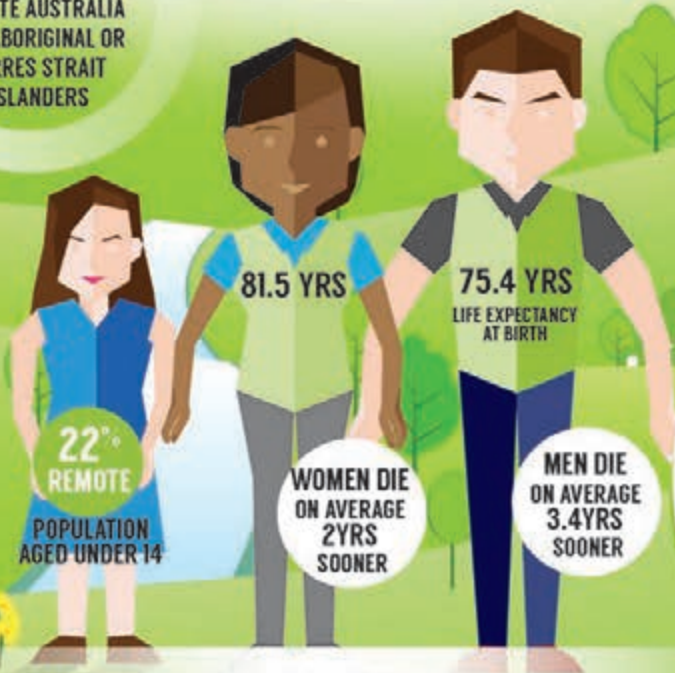
Remote Health Snapshot

27%
OF PEOPLE LIVING IN
REMOTE AUSTRALIA
ARE ABORIGINAL OR
TORRES STRAIT
ISLANDERS

LAND AREA
85.7%
REMOTE

1.5%
OF PEOPLE LIVING IN
THE CITY ARE
ABORIGINAL OR
TORRES STRAIT
ISLANDERS

REMOTE



HEALTH WORKFORCE PER 100,000 IN REMOTE AUSTRALIA



REMOTE BURDEN OF CHRONIC DISEASE



HEALTH WORKFORCE PER 100,000 IN THE CITY



26%
OF POPULATION
SMOKE

4.7%
REMOTE
2.3%
CITY

SUICIDE RATES
REMOTE
2X HIGHER
THAN CITY

15%
OF POPULATION
SMOKE

**LONG TERM
UNEMPLOYMENT**

fairer super for all

HESTA is at the forefront of the current political debate, examining why women retire with less than men.

We are strongly advocating on behalf of our members at the Senate inquiry into the economic security of women in retirement. This inquiry is examining why women retire with significantly less super than men and what changes could be made to improve the system.

HESTA's submission stresses that the wage gap between men and women remains the biggest factor in women retiring with less than men.

"The gap in super savings that women experience is not due to the choices they make – the main causes are the gender pay gap that sees women earning less than their male counterparts and unpaid time out of the workforce."

"The gap in super savings that women experience is not due to the choices they make – the main causes are the gender pay gap that sees women earning less than their male counterparts and unpaid time out of the workforce," says HESTA CEO, Debby Blakey.

The vast majority of HESTA's more than 800,000 members are women working in health and community services, where the gender pay gap is 27.7%, according to figures from the Workplace Gender Equality Agency.

"Super is there for every Australian and the conversation needs to start including low-income earners and women."

"Super is there for every Australian and the conversation needs to start including low-income earners and women," adds Debby.

Closing the pay gap is clearly vital and must be tackled through structural and societal changes. In the meantime, the super system can also evolve.

Here are three important recommendations that underpin HESTA's Senate inquiry submission:

Remove the \$450 monthly super threshold

The successful introduction of *SuperStream*, which simplifies and removes the admin burden on businesses, means employers can now make contributions more easily.

That barrier is removed, so all employees should be eligible for guaranteed super contributions, including those who earn less than \$450 a month.

This is particularly vital for nurses or other people in care-giving professions, who may work shift work across multiple employers.

For instance, consider a nurse who returns to work following the birth of a child and takes irregular shift work across three health providers.

In one month she earns:

- \$360 from a pathology lab drawing blood samples
- \$420 from a casual night shift at a hospital
- \$445 teaching first aid at a GP practice

Gross pay (monthly) = \$1,225

Mandated super guarantee contribution = \$0

SuperStream makes it easy for employers to make contributions, so there is no reason why anyone working, no matter what they earn, shouldn't be eligible for super.

The low income super contribution

We are continuing our campaign of pressuring the government to abolish plans to discontinue the low income superannuation contribution (LISC) in 2017.

Why?

Because if it's removed, 3.6 million Australians, including more than 2.1 million women, will pay the same, or in some cases, a higher tax rate on their super contributions than they pay on their wages.

HESTA believes the LISC must remain in place in its current form. Since 2014, HESTA has been a leader in the campaign to retain the LISC, in cooperation with the wider super industry.

Value unpaid caring roles

We think Australia can learn from the many overseas examples where unpaid caring roles are recognised and remunerated.



Many European and South American countries have systems that ensure women receive a pension voucher or benefit for time taken off work to raise children or care for the elderly.

HESTA's submission to the inquiry points to the success of Chile and we believe a similar system could be adopted here in Australia.

HESTA's submission to the inquiry points to the success of Chile and we believe a similar system could be adopted here in Australia.

These recommendations would help ensure all Australians can afford a dignified retirement.

Want to learn more?

To read more visit hesta.com.au

With more than 25 years of experience and \$33 billion in assets, more people in health and community services choose HESTA for their super.

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keynote speakers



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). ●



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>

more than half a century of nursing

When St John of God Midland Public Hospital Midwife Mieke Slee started working as a nurse 54 years ago she was living in nursing quarters and rode her bike to visit patients.

Now at 71 years old and the oldest employee at the hospital, Mieke works in the Visiting Midwifery Service, providing advice to mums and their newborn babies in their homes to ensure they are coping mentally and physically.

Looking back at her time as a nurse as a part of International Midwives Day on 5 May 2016, Mieke said it was hard to compare her early days in nursing with today's nursing.

"When I started, there was no occupational health and safety, no disposable goods and we were living in nursing quarters working long shifts. Lights out was at 10pm and wages were two and six pence per week."

"When I started, there was no occupational health and safety, no disposable goods and we were living in nursing quarters working long shifts. Lights out was at 10pm and wages were two and six pence per week," Mieke said.

Mieke's association with St John of God Health Care started as a 17-year-old when she completed her training at St John of God Ballarat Hospital.

She went on to work as a nurse in the outback and third world countries.

Mieke's association with St John of God Health Care started as a 17-year-old when she completed her training at St John of God Ballarat Hospital.

"I continued my studies through my career and gained qualifications in midwifery, child health, theatre, ICU, counselling, sport and recreation, family and sexual health, addiction studies, forensic and prison health, and becoming an enhanced midwife," she said.



She rejoined the organisation last year after she transferred from Swan District Hospital when it closed in November.

St John of God Midland Public Hospital Chief Executive Officer Dr Glen Power said the hospital was fortunate to have retained Mieke upon opening the new hospital.

"Mieke offers our maternity patients the reassurance of her lifetime of experience at caregiving in midwifery, and we are extremely grateful that her insights and skills are available to benefit both our patients and staff."

"Mieke offers our maternity patients the reassurance of her lifetime of experience at caregiving in midwifery, and we are extremely grateful that her insights and skills are available to benefit both our patients and staff," Dr Power said.

Mieke said when she began her career, child and community health was done on push bikes and public transport and being a matron in the bush meant caring for all living creatures, not just people.

"In third world countries the care is physically, mentally and emotionally demanding, with cultural beliefs and practices often being a major challenge," she said.



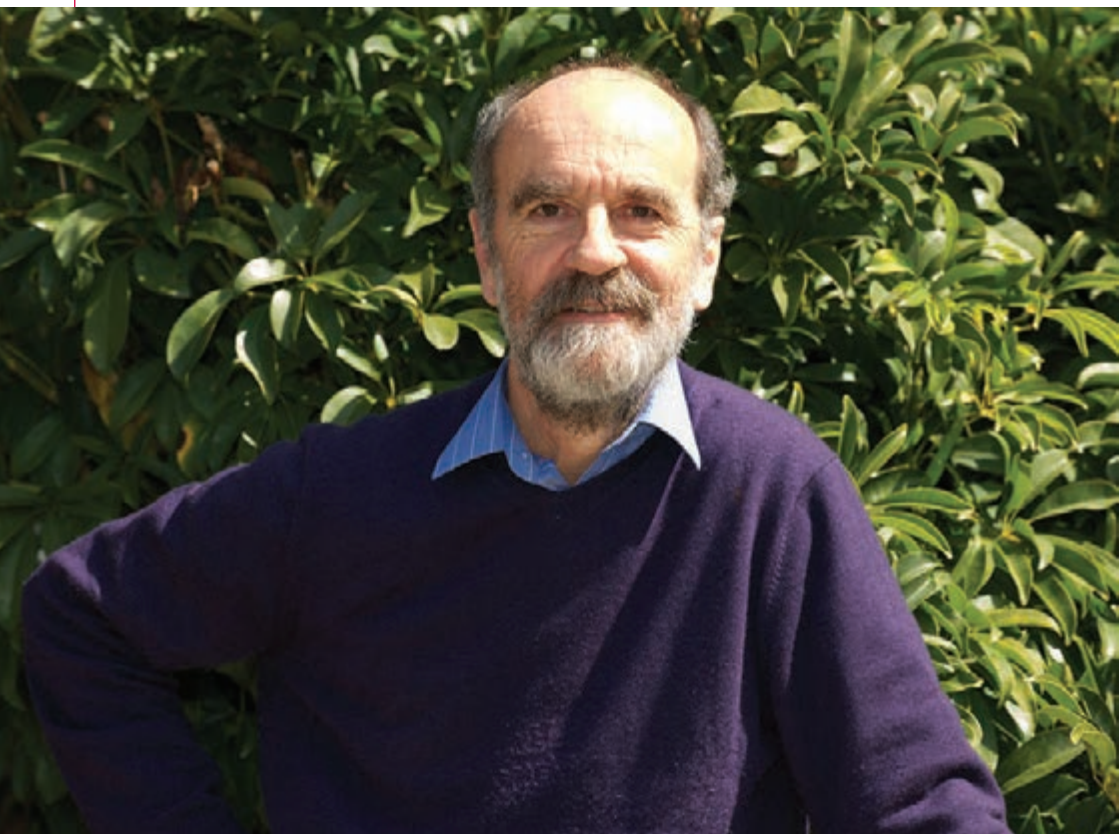
Opposite: Call the midwife!

Above: Mieke Slee and baby Avah.

"Yet having travelled that continuum of time, evaluating those changes makes you realise that learning and sharing our knowledge never ceases.

"There are no regrets, just joy and passion for having chosen wisely." ●

thank you gordon



After 23 years leading the National Rural Health Alliance, the Foundation Executive Director/Chief Executive officer, Gordon Gregory, has retired.

Gordon was raised on a mixed farm in Somerset, England, where his father produced, among other things, Landrace pigs and gladioli. After a degree in economics and economic history from the University of Durham, he worked for three years (1968–71) as a Research Assistant with the Farm Amalgamation Research Project of the Universities of Nottingham and Exeter.

Gordon and Alpha arrived in Australia in 1971. He took up a position as a Research Officer with the University of New England's Wool Adjustment Study Group. In 1975 he was appointed the first Project Officer with the Australian Rural Adjustment Unit (later to be known as the Rural Development Centre) at the same University. In that position he was responsible for research and conferences related to issues such as rural local government, Australian communities in danger, 'Needs of the West', rural community development, and rural and remote health services.

For over 23 years Gordon has led the NRHA both by example and by explicit encouragement to his colleagues to be aware of the purpose for which the organisation is working and the means by which it can succeed. Under his watch the NRHA has developed a reputation for inclusiveness, responsiveness and the maintenance of good relationships.

For over 23 years Gordon has led the NRHA both by example and by explicit encouragement to his colleagues to be aware of the purpose for which the organisation is working and the means by which it can succeed.

Since 1993 CRANaplus (or CRANA as it was known then) has been a Member of the Alliance along with other founding members since its inception.

Founding members of the Alliance include: the Association of Australian Rural Nurses (AARN), the Australian College of Health Service Executives (ACHSE), the Australian Nursing Federation (ANF), the Aboriginal and Torres Strait Islander Commission (ATSIC), the Country Women's Association of Australia (CWAA), Health Consumers of Rural and Remote Australia (HCRRA), National Aboriginal and Community Controlled Health Organisation (NACCHO), Rural Doctors' Association of Australia (RDAA), Royal Flying Doctor Service, and the Royal Australian College of General Practitioners (RACGP).

As a Member of Council CRANaplus has worked alongside Gordon and has valued and enjoyed his support and leadership.

Gordon understands remote issues and has always been available to listen and understand the unique nature of working to improve health and wellbeing in remote areas.

Gordon has brought insight, dedication, persistence and a deep understanding of people and processes to the task of rural health advocacy.

He has worked tirelessly, creatively, and with humanity, to broaden the understanding of the factors that affect the health and wellbeing of rural and remote people.

In addition to all of the above he gave us his own particular brand of humour, witticisms and clever insights, never missing an opportunity to attempt to release the artistic/creative talents within us all.

Gordon has brought insight, dedication, persistence and a deep understanding of people and processes to the task of rural health advocacy.

On behalf of all CRANaplus staff and all health professionals in remote Australia, we thank Gordon for his enormous contribution and wish him many years to enjoy this next phase of his life, on whatever path that may take him. ●

aussie outback is sally's second home



Lyn Byers and Sally Foxley.

These are exciting – and challenging – times for remote nursing in Australia, says Sally Foxley, who is returning to her New Zealand hometown after three years as Topic Coordinator at the Centre for Remote Health (CRH) in Alice Springs.

The recent graduation of more nurse practitioners in the Northern Territory and the development of more educational options for remote area nurses are helping to pave a definite career pathway for nurses looking to work in the Australian Outback, she said.

“The nurse practitioners will be able to work in the remote setting and share the load of clinical decision making as part of the remote health team.”

And the challenges? “We have a greater fly-in fly-out workforce than before and we need new models, such as job sharing, to ensure continuity of care for the communities.”

Sally has been dividing her time between New Zealand and Australia since the turn of the century. And she will be back, she said. “This is my second home.”

“We have a greater fly-in fly-out workforce than before and we need new models, such as job sharing, to ensure continuity of care for the communities.”

Sally's career in remote has not always revolved around Aussie deserts and far-off horizons. Her introduction to remote nursing was in the snow and ice-covered landscapes of Manitoba in Canada.

She then worked on the rugged east coast of New Zealand before arriving in Alice Springs as a student at the new Centre for Remote Health (CRH). She completed a Masters in Remote Health Practice and Remote Health Management in 2006.

Sally, a Registered Nurse and midwife, worked remote in South Australia's APY Lands, in Far North Queensland and in the Torres Strait before returning to Alice Springs in 2008 as one of four people sharing the role of Topic Coordinator at CRH. Sally has been involved with the Centre ever since. The centre offers a range of remote health postgraduate and professional development courses.

“It is so important that our nurses are prepared and have a good solid knowledge base to work in remote areas; that they have an understanding of Indigenous cultural practices and a whole range of different skills to work at an advanced practice level.”

Sally is full of praise for the education programmes provided at the Centre and the integrated courses of CRANaplus.

“It is so important that our nurses are prepared and have a good solid knowledge base to work in remote areas; that they have an understanding of Indigenous cultural practices and a whole range of different skills to work at an advanced practice level.

“We get feedback all the time from students who are thankful of the study opportunities.

“I feel very strongly that nurses going into remote practice are well prepared. And I love being part of that. I'll be back!” ●



dialysis starts in wanarn wa

Western Desert Dialysis is an Aboriginal Community controlled health service which began with an auction of paintings at the Art Gallery of NSW in 2000.

We do dialysis out in communities, on our Purple truck and have social services, a bush balms business. Our latest project is in Wanarn.

Wanarn is 850 km from Alice Springs in Western Australia. It's a lovely community with a brand new clinic run by Ngaanyatjarra Health Service. Ng Health and the Purple House have worked together to get a 2-chair dialysis room up and running. It is accepting people from the lands who would otherwise be in Alice Springs, Kalgoorlie or Perth. It's so great to give people an opportunity to go home to see their families! It has also given us an opportunity to spend time with school kids and community members to talk about how dialysis works and how to keep your kidneys healthy.

It's so great to give people an opportunity to go home to see their families!

This is the third project between Ng Health and the Purple House in WA. We started dialysis in Warburton in 2012, Kiwirrkurra in 2014 and now Wanarn.

We have had lots of help from volunteers and a Rotary Club in Canberra. Community have been so happy to support this work so that they can look after their family members again and see them close up!

It's all about Family = Walytja
Country = Ngurra
Tjukurrpa = Dreaming
And Kuunyi = Compassion.

www.westerndesertdialysis.com.au ●



Top left: Lesley and Lilly on the train beginning their long trip home!



Top right: Laurel, our dialysis nurse, modelling our new range of balm tins available at the Purple House and on our soon to be updated website.

Bottom left: Purple House.

Bottom right: Rotarians in Wanarn who are supporting the work of Purple House.



leigh swaps black opals for gold

Leigh Black has dedicated her career to keeping remote communities healthy. As an experienced chronic disease nurse, she was working in the black opal mining town of Lightning Ridge in New South Wales before a holiday to the beautiful Kimberley region made her want to head West.

"The Kimberley is awe inspiring; as are the people. It fuelled a passion for me to want to work with people who are closely tied to their culture.

"Not only did Rural Health West find me work, they also gave me a really comprehensive orientation so that I felt very comfortable about settling into a new town."

"I contacted Rural Health West to see what opportunities were available. Hannah, my case manager at Rural Health West, told me there was a five-month contract in Pemberton. I took the job and shifted myself across the country for my 'working holiday', aged 64!"

When her contract in Pemberton was up, Leigh returned to New South Wales, but still hoped something would come up in the Kimberley.



Leigh and partner Andrew enjoying a day off in Millstream National Park.

"Rural Health West contacted me about an opportunity to work in Broome. It was incredibly tempting, but was only for a few days a week. I reluctantly turned that role down.

Luckily, Tina from Rural Health West called me about a role in Roebourne working with the Mawarnkarra Aboriginal Health Service.

"This contract is for a year, which means that Rural Health West helped me access a Rural Health Professionals Program (RHPP) grant which paid for my relocation costs, subsidises my rental costs and covers some professional development opportunities also. Without that financial support, it would have been extremely expensive for me to relocate to such an isolated location.

"I'm also really grateful to the support offered by Tina and Hannah at Rural Health West. Moving to another state is incredibly daunting as you don't have the contacts and networks to find work or to help you find your feet in a new community.

Without that financial support, it would have been extremely expensive for me to relocate to such an isolated location.

"Not only did Rural Health West find me work, they also gave me a really comprehensive orientation so that I felt very comfortable about settling into a new town."

Leigh hit the ground running when she arrived at her new post in March 2016.

"I work in a very busy clinic and my role is hands-on, which I am really enjoying. I'm loving the work, the location, and feel that I've really landed on my feet."

"I work in a very busy clinic and my role is hands-on, which I am really enjoying. I'm loving the work, the location, and feel that I've really landed on my feet."

Rural Health West provides a free recruitment service for all health practices in rural and remote Western Australia and works with nurses and allied health professionals to find them suitable employment.

Rural Health West is responsible for delivering the RHPP on behalf of the Australian Government Department of Health, to attract and retain nursing and allied health staff to roles in rural Western Australia. ●



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rural doctor to ride the world's toughest horse race for rural mental health

Each year a small selection of horsemen and women from around the world are selected to ride in the world's toughest and longest horse race – the Mongol Derby.

Dr Shannon Nott, a young doctor originally from Dunedoo and now working in Dubbo in Central-West New South Wales has this year been selected as one of the fateful riders to represent Australia. As a country boy at heart, Dr Nott has spent the bulk of his medical career pushing for improvements in rural and remote healthcare across Australia and this next feat is another way for him to do this.

"This Mongol Derby is not just about pushing myself physically and mentally during the world's toughest horse race but more importantly to bring public awareness to the disparities that exist for rural communities when it comes to mental health services."

"As a doctor who has worked in multiple rural and remote emergency departments around Australia, the most devastating presentations I have had to deal with are suicide attempts of young, healthy rural Australians suffering from mental health conditions. Essentially when it comes to suicide, the further remote you go unfortunately the more likely you are to die from suicide with less access to mental health services."

Shannon recalls one of his most confronting memories of being a doctor was battling to save the life of a young man who had decided to take his life on a rural property.

"Unfortunately that day our resuscitation efforts were unsuccessful. The sheer anguish and grief of the family when I had to tell them their son

had passed away will live with me forever. It is the anguish I hope that no family ever has to go through again."

Whilst rural Australians have similar rates of depression compared with metropolitan Australians, suicide rates are significantly higher. 18–24 year old rural males are almost twice as likely than their metropolitan colleagues to attempt suicide. This figure increases up to almost 6-fold for those living in some very remote communities.

"As a doctor who has worked in multiple rural and remote emergency departments around Australia, the most devastating presentations I have had to deal with are suicide attempts of young, healthy rural Australians suffering from mental health conditions..."

Dr Nott has partnered with Batyr, an organisation that focuses on preventive education in the area of youth mental health. He is raising funds to help run rural-specific wellbeing training for youth with the hope that these programs can address the increased rates of self-harm and suicide seen in the bush.

The former finalist for NSW Young Australian of the Year and Churchill Fellow will compete in the 8th Mongol Derby, a race featured in the Guinness Book of Records as the world's longest and toughest horse race.



Dr Shannon Nott.

The 2016 race will feature 44 riders from 13 countries riding 1000 km across Mongolia on semi-wild horses.

Dr Nott has partnered with Batyr, an organisation that focuses on preventive education in the area of youth mental health.

Dr Shannon Nott is calling on all individuals and organisations to get behind his cause. You can donate or find out more through accessing www.outbushmedicine.com/mongol-derby

About the Mongol Derby

The 2016 Mongol Derby will run from 1–14 August

- 1–3 August: Pre-race training
- 4 August: Start gun of the 2016 Mongol Derby
- 14 August: Final riders expected to finish
- 15 August: Riders back to Ulaanbaatar

The race recreates Chinggis Khaan's ancient horse messenger system in epic fashion. The hardy and semi-wild native horses of Mongolia reprise their traditional role as the legs and lungs of the adventure and the horse stations, or morin urtuus, will be manned by nomadic herding families as they traditionally were. ►►

» The messengers themselves will be played by horsemen and adventurers from around the world all riding up to 160 km a day, navigating independently and changing horses at 40 kilometre intervals.

The race recreates Chinggis Khaan's ancient horse messenger system in epic fashion.

The Mongol Derby is organised by the UK based purveyors of adventure – The Adventurists, who are fighting to make the world less boring and save a bit of it as well.

About Batyr

Batyr is a social enterprise that focuses on preventative education in the area of young people's mental health. They provide programs that train young people to speak about their personal experience with mental ill health and start a conversation in their community.

They [Batyr] provide programs that train young people to speak about their personal experience with mental ill health...

Batyr also runs programs in schools and universities using young speakers with a live experience of mental ill health to engage, educate and empower other young people to reach out for support and to the services available to them.

Batyr uses the five steps: *Look Out, Get Talking, Listen Up, Reach Out* and *Take Charge* as a simple way of educating students on that they can do for themselves or a friend they are worried about. It's about looking for changes in behaviour, how to talk to the person dealing with an issue, the importance of listening to them, where they can get help when they need it and the role of self care. ●



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winning the hearts of the cape through nursing

Despite not being crowned HESTA's Nurse of the Year at the gala awards ceremony Apunipima Cape York Health Council Maternal and Child Health Nurse/Midwife Lisa Smith is not disheartened.

"It was a great opportunity to be named a finalist for Nurse of the Year and I am so proud to be part of this experience," Ms Smith said. "It has been rewarding to be recognised as a finalist and I congratulate Nurse of the Year winner Angie Monk."

The award recognises the achievements of individual nurses in the delivery of outstanding patient care and supports the pursuit of excellence in nursing to ensure nursing care is effective, efficient and focused on patients and their individual health care needs.

Ms Smith has been nursing for 28 years and said taking up the career was one of the best decisions she had made.

"It was a great opportunity to be named a finalist for Nurse of the Year and I am so proud to be part of this experience..."

"I spent 15 years in the public hospital system before moving to Charleville to work for the Royal Flying Doctor Service in 2002. I chose to do nursing because back then you were paid to work while doing your nursing training," Ms Smith said.

"I needed a wage so it was an easy choice. It just happened to be the best life decisions that I made."



Ms Smith began work at Apunipima in mid-2013, servicing the remote communities of Mapoon, Pormpuraaw and Kowanyama and has found the work both challenging and rewarding.

"The rewards of the job are the great relationships that we have with the families in the Cape. Nurses that work for Apunipima go to the same communities each week and they become a constant for community members. We become a trusted person among community people which is a great honour and privilege.

"To be able to be work independently as a nurse in Cape York requires lots of training and I am supported by the organisation to gain the qualifications and skills to perform an initial one-stop service."

Professional development includes Rural and Isolated Practice, Immunisation, Midwifery Prescribing, Pap Smear Provider Course, First Trimester Ultrasounds, Implanon Insertion and or Removal, Core of Life and Parenting Programs.

Having these skills enables treating common conditions such as infected skin, otitis media (ear infections), urinary tract infections, offering pap smears and inserting or removing Implanon contraception etc.

Despite the positives, there are challenges working in remote areas.

"Some days I work out of my accommodation because of the lack of space. I set up a clinic space in the spare bedroom to attend to antenatal care.



Lisa Smith (centre) with Jamie McPhee and Debby Blakey.

Ms Smith says the heart of good nursing is about being the person that is willing to help.

"I think that the heart of good nursing involves commitment, honesty, reliability, flexibility, being available, and treating everyone well," she said. "Acquiring a good understanding of

where people have come from gives empathy and tolerance."

Ms Smith said being a finalist for the award meant a lot to her personally but most importantly highlighted the people of Cape York and the nurses who care for them. ●

writing down your sorrow



By Sandra Bulger

I love coincidences that make you go, ah! I might not have been aware of the CRANaplus 33rd Annual Conference in Alice Springs if I hadn't googled emergency maternity care courses for my husband late one night in May. He thought it might come in handy as the township he works in can get quite isolated, especially after heavy monsoon rains cut off the dirt road.

I noticed the course could be accessed right across Australia, yet what really caught my eye was a call for abstracts to present at the CRANaplus 33rd Annual Conference – *Telling Tales. The power of the narrative: How sharing stories shapes and influences outcomes*. This was right up my alley.

As a James Cook University PhD student, part of my research method involved the development of a series of writing workshops which ran over two weekends. I advertised these in local papers, community newsletters and the S.A.N.D.S website for participation from interested parents and health professionals within Queensland. The research aims to explore connections between creativity, spirituality and writing and how these might support healing from grief. A further aim was to create ways for parents with similar loss experiences to honour their babies through narrative and writing their own stories.

I want to highlight the invisible stories that are associated with pregnancy loss, and to record the diverse healing journeys that parents and professionals undertake. I value their stories,

help amplify their voices, and encourage parents to share their narratives with a broader community through a research platform. Commonly within the research literature, stillbirth and pregnancy loss are referred to as a 'silent grief' or a 'hidden sorrow'. I know this from firsthand experience.

I want to highlight the invisible stories that are associated with pregnancy loss, and to record the diverse healing journeys that parents and professionals undertake.

It's been 16 years since my twin boys, Tristan and Timothy, were born at twenty-four weeks gestation on a rainy January day in the summer of 1999. My little baby girl, Georgia Fawn, was also still-born at twenty-four weeks on Boxing Day of the same year. Several late term miscarriages followed. When grief consumed me, I found it hard to find my own voice to speak of my needs or find practices or persons that might have given me comfort.

I understand that when parents are faced with the truly heart-breaking news that their baby has died, the emotional turmoil and grief which follows can be overwhelming and difficult to come to terms with. These experiences triggered a long journey of grief, loss and healing. I know that many parents have similar experiences, yet their grief is often hidden and unshared outside of the family. Conference presentations are one way to address this.

I was excited when the CRANaplus organising committee accepted my abstract for presenting to the 2015 Conference. October came around fast as it does when there are deadlines. We packed up our old Ford Ranger with camping gear, lots of extra water, cool clothes and with maps in hand, set off for Alice Springs.

Where I come from in Tropical North Queensland, the humidity builds in October prior to the wet season and I welcomed the dryer heat as we travelled towards Mount Isa and Camooweal. I love the way a landscape slowly seeps into you and noticed the greens turn sunburnt brown and the hills flatten. I would often drive while my husband slept and my young son occupied himself with DVDs. I used this quiet time to mentally prepare for my presentation.

Research comes with responsibilities. It has been my privilege to share in the grief journeys of participants who gave up their valuable time to attend weekend writing workshops and who welcomed me into their lives and homes for individual interviews afterwards. The interviews were in-depth, yet conversational as we had already formed relationships from the workshops, my reading of their personal writing and the ongoing email contact throughout this process. We spoke of their grief and loss journeys, as well as their experiences of the writing workshops.

Research comes with responsibilities. It has been my privilege to share in the grief journeys of participant's who gave up their valuable time to attend weekend writing workshops and who welcomed me into their lives and homes for individual interviews afterwards.

The stories which are being developed from these interviews reflect the personal and private heartache people negotiate after pregnancy, stillbirth and newborn baby loss. ►►

► It has been my experience that when people choose to participate in a research project such as mine, they often have an agenda or something very important that they want to say and have heard. They have been changed in some way by their experiences, gained personal insights or have recognised health care management practices which are either conducive or detrimental to their healing. They want to share these personal truths and have entrusted me with this.

Through stories, individuals can move others and affect change within themselves and the community.

The participant's insights and transformative observations are very precious to me. Through stories, individuals can move others and affect change within themselves and the community. Stories open a doorway to experiences which no-one would wish on another yet through these stories, kindness, empathy and deeper compassionate understandings can develop about pregnancy, stillbirth and newborn baby loss grief.

I was often told by participants that they hoped their stories would illuminate beneficial health care practices which may save others from suffering unnecessarily in the future. This hope gave them some solace and their loss some magnanimous meaning.

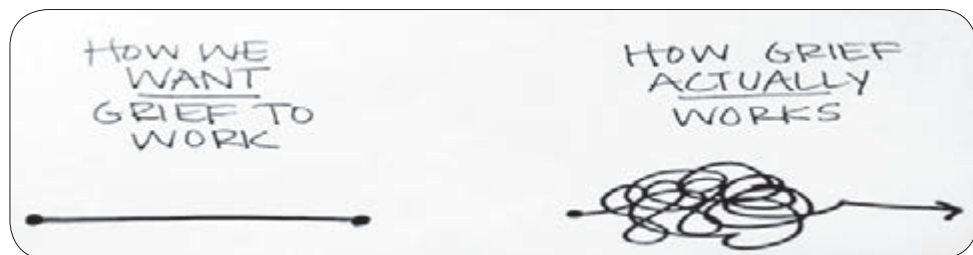
The research project is informed by grief theories which move away from traditional

theoretical perspectives regarding common stages of grief, towards recognition that grief work is complex and highly individual. Of interest to this study is a shift in the literature away from perceiving grieving as "letting go". Through the writing workshop activities parents were asked to embrace their willingness and need to remember their pregnancy, babies and loss rather than deny these connections.

For parents experiencing stillbirth or newborn loss, understanding grief as a process of mourning can assist them to move from states of denial and despair towards a position where they feel they can continue with their lives.

Everyone's grief journey will be unique and there is no one best way which suits each individual. The creative writing approaches of this research is informed by grief theories that allow for individual and complex responses to the grieving process, and create a social setting in which parents can publically mourn and acknowledge their loss.

As I drove and reflected, I was struck by similarities between grief and the spinifex grasses which tumbled by on the long stretches of emptiness between Camooweal and Tennant Creek. Like the spinifex grass's seemingly random, unpredictable path across barren landscapes, grief is just as unpredictable, random and painful when you come close. I decided to use this visual analogy during my presentation. Imagine my delight when I arrived at the Alice Springs Convention Centre and saw that the speaker's platform had been decked out with spinifex grass all across the front. Perfect!



I chose an organic inquiry methodology for this project. Organic inquiry originated out of feminist theory, feminist spirituality and transpersonal psychology and aims to gather rich, diverse data from the lived experiences of the participants. The research is carried out in a participatory fashion where the researcher is not seen as the expert but a fellow traveller on the journey towards deeper understanding.

Stories are prioritised and form the basis of gaining rich detailed understandings of individuals lived experiences.

The profound personal experience of the researcher acts as the catalysis for the investigation and all ways of knowing including emotion, intuition, sensation and thinking are used to deepen the researchers understanding of the topic. Stories are prioritised and form the basis of gaining rich detailed understandings of individuals lived experiences.

Another important feature is that the research is carried out in a sacred manner in partnership with spirit. Approaching research as a sacred endeavour resonated deeply with me, so organic inquiry was a logical choice of methodology for my study which focused on creativity, spirituality, grief, healing and writing.

I believe everyone has within them the ability, skills, words and knowledge to write their own life stories.

The writing workshops offered activities during the sessions that I call my "box of chocolates variety pack". I try to provide something for everyone.

The participants were interested in writing as an avenue for expressing their loss but were often unfamiliar with the simple joys of allowing ones thoughts and creativity to flow freely onto paper. As a writing facilitator, it has been my absolute delight to inspire them to 'just do it'.

I believe everyone has within them the ability, skills, words and knowledge to write their own life stories. I encourage people to connect their head with their heart and allow those thoughts and feelings to flow down their arm and out onto the paper. I am not interested in perfect prose or polished phrases, although these may come later. I don't teach them how to write a story, I support them to get in touch with themselves through expressive writing for therapeutic benefit. When participants reflect on a passage they have written during the writing activities it is often with surprise and delight that they see how powerful their writing can be.

When participants reflect on a passage they have written during the writing activities it is often with surprise and delight that they see how powerful their writing can be.

While it is difficult to share here all of the significant findings emerging from this PhD research, below I share some workshop responses from participants to date.

I will use examples from a favourite writing activity which uses buttons. I have a great sack of buttons collected over many years that are all sorts of shapes, colours, designs, ages and textures. I spread these across a large table and ask each participant to select one for their writing task.

So far, each person in my writing workshops has resembled a kid in a candy store with this activity. ►►

» There's lots of clinking colours and absorption in choosing just the right button, we chat, laugh and delight in the selection. It's also a great ice breaker because buttons are such everyday objects and are familiar, so we're starting safe. If participants can connect a button to their lived experience, this can offer a unique and insightful way to encourage writing. The examples below demonstrate two associations with the button's colour and another association with the buttons surface sheen that prompted writing:



It was a clear blue sky on the day I was told my baby had no heartbeat, then it all changed. Heavy clouds moved in just like the ones across my heart and it rained and rained...



The funeral was simple, only my husband and I were there. I wore a rose pink dress that I threw away when I got home...



I was shiny and new – a first time mum... I didn't know this could happen. Everything was ready in the nursery and we were so looking forward to welcoming our beautiful baby boy...

From these examples it is easy to see that buttons can offer a quite remarkable entry into the participant's experiences that then trigger long passages of story writing. On analysis of the writings to date and in consideration of the emerging findings from the interviews

conducted so far, common threads within the participants' stories appear to be centred on these five points:

- How parents pregnancy or baby loss experiences are managed impacts directly on their grief and healing outcomes.
- Continuity of care from a trusted group of carers seems vital for best recovery outcomes.
- The strength, solace & self-nurturing value of connections with nature, and quiet reflective activities seems very conducive to healing.
- Symbolically associating their babies with something other than grief and loss, including a story, memory or special object whilst remembering them seems beneficial to many participants.
- Commonly these seem to be nature orientated or sensory, e.g. particular smells, colours, sounds, seasons, stars, the moon, butterflies, rainbows, rain, wind, flowers, the ocean and shells.

...I would like to express my sincere gratitude to the CRANaplus organising committee for seeing the community connection and personal worth aspects within this project.

In conclusion I would like to express my sincere gratitude to the CRANaplus organising committee for seeing the community connection and personal worth aspects within this project.

The opportunity to share this research project with a wider audience of health professionals interested in the value of narratives was an absolute pleasure for me.

The research findings will contribute to best practice maternity care, support and training as well as the body of knowledge which explores the healing potential of story writing. ●

a recommended experience

Timothy Pope, a 3rd-year nursing student at Charles Darwin University, says a remote placement is ideal for discovering what life is really like for remote health workers.

Having never gone to a remote community before, I really didn't know what I was in for at Finke. My only experience was glimpsing communities you pass on the way to tourist traps like Uluru and Kings Canyon. I'd heard of Finke from the famous car rally held there every year, but I only had a vague idea it was up north, just over the SA border into the Northern Territory (NT). Used to city life (Adelaide), I really wanted to see the other side of this beautiful country and experience life in the remote communities.

As a 3rd-year nursing student at Charles Darwin University, I applied for a placement in remote NT and, lo and behold, I got Finke (Aputula) and Ali-Curung. I couldn't have asked for more.

Finke is a small remote Aboriginal community with a current population of around 150 people. There's only a couple of service provider buildings and of course, the health clinic. Upon arrival, I was greeted warmly by the local remote area nurse (RAN) and given an introduction to the area. She is currently working alone, with no doctor or other medical staff for more than 400 km.

The autonomy of her role was the most surprising aspect of her job. Running a remote clinic, one has to be trained and competent in a plethora of areas, ranging from simple dressings to advanced life support; mental health to nutrition. Add on-call 24/7 and you could liken the situation to that of the local GP office. Yet, in this case and at this time, it is run by one RAN.

I was welcomed into the community and residents were quite happy to see me in the clinic and blunder along with me through the computer system.



There seemed to be no reservations about my student status, and the support shown to me by the RAN enabled me to learn and work much easier than I expected. Students seem to be welcome out here and I was no exception.

The daily interaction with the local Indigenous population helped me to see the scope of practice for health care professionals in a remote setting. It also helped me to recognise some of the barriers to healthy lifestyles. These quickly became apparent. For example, educating a patient to eat more nutritiously is all well and good - until you realise there is one shop in town that only gets one delivery a month. Then, taking into account freshness and pricing, there simply isn't enough of the good stuff to go around. At the end of the day, if through education we can change one soft drink for a piece of fruit and a glass of water then at least some health benefits can be realised.

One thing is for sure, I reckon it takes coming out to these little places to get an appreciation for what remote community health actually encompasses. I thoroughly recommend the experience to fellow health students. ●

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



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



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



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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.



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



The **Spinifex Health Service** is an Aboriginal Community-Controlled Health Service located in Tjuntjuntjara on the Spinifex Lands, 680 km north-east of 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.



support

dealing with death and grief

It has been a sad time for remote health. Many remote health workers are reporting feeling grief at the loss of Gayle Woodford. As well, many have reported that the tragic event has triggered their own memories of loss. Grief is the normal reaction to the loss of someone who has emotional significance.

How people respond to grief is extremely variable. Coping with grief at someone's death, particularly if the death is unexpected, can test any of us to our emotional limits. Each of us is unique and how we respond to any event reflects this uniqueness. However, it is useful to think about the ways people typically respond and to look for patterns in dealing with reactions.

Grief involves emotional pain and psychological distress. As with all life crises, reactions to grief can be mindfully addressed. What psychologists

term "good grief" may never go away but there is an understanding that with time the pain and distress cycles, rather than going through distinct linear stages, eventually find resolution. The time for resolution can take from days to years depending on the individual.

The initial common reaction is shock.

The initial common reaction is shock. Many people report feeling dazed and confused. Someone in the first throes of grief may report feeling numb or disoriented. The second cycle of grieving often involves a sense of not entirely accepting the loss and a sense of yearning for the dead person. The third is a period of despair. This is the period when a grieving person is most vulnerable to feelings of depression, despair, shame and guilt. The final period is one in which the bereaved person begins to feel a distance

from the acuteness of the emotional pain and develops a new sense of self and purpose. These cycles do not necessarily follow a logical progression and a grieving person can find themselves going backwards and forwards over a period of time.

Dealing with grief mindfully allows you to recognise and acknowledge feelings. It is the opposite of bottling feelings up. It is about allowing time to step back and observe the process you are going through. Tracking your emotions in this way will help you cope.

One of the most effective strategies will be for you to monitor what it is that you are saying to yourself. How you cope is by and large determined by how you think. If you have strong religious or spiritual beliefs, for example, death and your thinking around it may embrace a sense of moving on to something better. Whatever your beliefs, planning and being constructive by taking on a cause outside

yourself, such as raising money for charity, is a helpful way of coping.

As well, it is important to make sure you have something to look forward to. To fight off depression a sense of achievement and fun is so important. So plan a holiday, go on an outing, or plant the garden you had always intended.

It's important to do these things even if you don't feel like it. One of the most important principles of psychological intervention is that if you walk the talk your feelings will eventually catch up.

Dealing with grief mindfully allows you to recognise and acknowledge feelings.

The other strategy to cope with a loss of a loved one is not to lose sight of the important people in your life who are left. Talk to them about how you are feeling, the weather, who won the football. The important thing is to keep lines of communication open.

And finally, practice mindfulness regularly. A mindful meditation practice focussing on breath will remind you that mostly the here and now is OK. Any sort of activity that gets you into the flow will charge your batteries and help you better cope with grief.

Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●



settling in

By Amanda Akers, Psychologist
CRANaplus Bush Support Services

Remote work can sometimes involve frequent incidents of relocating to new places, even permanent contracts can involve relocating, for example, drive-in-drive out work, going on holidays, staying with friends, or travelling. Why is it that, at times, soon after we arrive at our destination, despite a relaxing flight or drive, we feel anxious, unsettled or even stressed? Have you ever noticed that you're not arriving at your workplace or destination as relaxed and positive as you may usually present yourself?

As a child I recall moving house several times. There were 3 kids (2 brothers and me), 2 dogs, a cat, and often some goldfish. The large items all went into the removalist truck and the small items and pets went in the car. The kids, dogs, and goldfish were fine, but I was always responsible for the relocation of the cat. Back then, it was common practice to rub butter (or margarine) into the cat's paws so the cat spent considerable time licking its paws and being distracted from running away from the new home, back to the old home. It worked, because we never lost a cat during our moves.

Having recently relocated interstate I have again practised certain routines and explorative behaviours in order to settle into my new home: taking the dogs for a long walk to discover the best routes for future dog walks; reminding myself where I am when I wake up in the middle of the night; establishing the quieter or cooler times to shop or venture out of the house. It has still taken some time to settle in to the new location.

Whilst I'm not going to suggest that we rub butter onto our hands or feet, I am going to suggest that we try to take the time to settle



in to our new surroundings in a more mindful manner. As we enter our new living space, our room, it can be useful to take a few moments to feel the space around you. Take in the views from your windows, the birds that may be in the trees outside. Sit on the bed or chair and feel the temperature of the room, absorb the smells of your surroundings, and listen to the noises of the interior and the exterior of your new space. By doing this you're practising a form of mindfulness and this can provide a centring

and calming effect as you settle in to your new home, or your temporary space (work room, motel, cabin, friend's house).

As you unpack your clothes, try to do it slowly and meaningfully, taking the time to continue to look around your room. Between unpacking activities sit down briefly and breathe in the new air, trying to relax into the space that will be yours for the next period of time that you're there. Place your personal items around your new space and admire them, and their placement.

As a long term measure you may even spend some time on your bed, or a chair, getting in touch with your creative side, by doing a drawing of your new space. You could draw the view from your window, even if it's just a tree or a set of clouds. You could draw the lines of your walls or an unusual perspective of the architectural aspects of your residence. You only need a pen/pencil and a piece of paper.

Take in the views from your windows, the birds that may be in the trees outside.

Alternatively, you may enjoy making something with your hands, using your own special skills of craft-making abilities, or other creative activity. You may like to write a poem or describe your new accommodation in writing in a text, letter or email.

When I was travelling a lot, I practised settling in by writing a letter to my family, drawing the view from my window on the writing paper, and I mailed it the following day, instead of sending a postcard. My family enjoyed my letters and drawings, which we talked about when we were together at a later time, and this gave more meaning to my creative practice and kept communication interesting.

You may find you have other settling in practices that you enjoy. If you do, we'd love to hear about them, or why not share them with a friend? Then, when you get home again, you can practise your gratefulness thoughts about what you're grateful for in your usual place of living. Settling in can be a calm and pleasurable experience when we take the time to experience it, and it can help to relieve the stress of relocating. Enjoy your new spaces. I'm sure you'll appreciate the practice of positive and mindful settling in. ●

some thoughts on gender diversity and wellbeing in remote health

By Dr Annmaree Wilson
Senior Clinical Psychologist
CRANApplus Bush Support Services

There is growing acceptance that people not only experience their gender in different ways but they express it and describe it in a variety of ways as well. Since 2013 Australians who do not identify as heterosexual and/or do not identify with their natal-assigned sex (LGBTI) have been covered by various legislation aimed at protecting them from discrimination.

This fact is central in the recognition that discrimination on the basis of gender identity leads to poor mental health outcomes. Commitment to full inclusion is an important focus of professional health practice.

There are no studies in Australia that specifically look at mental health and LGBTI in remote health. What is clear from more generalised studies, however, is that individuals who identify as LGBTI experience poorer mental and physical health and higher suicidality due to stigma, social exclusion, discrimination, bullying and rejection by friends, family and work colleagues.¹

A 2012 Australian study² looked at the self-reported health of 3835 LGBTI participants. As an overview, between 40–50% of participants reported depression and 30–40% reported anxiety/nervous symptoms. This is significantly different to the normal population where one would expect around 20% of the population to be experiencing either of these symptoms.

Another study³ sheds light on the possible causes of these high levels of emotional difficulties. A 2014 study looked at what is going on for young Australians in terms of their gender and sexual identity issues. They reported extremely high levels of verbal abuse. As well, they noted high levels of physical abuse as well as other forms of homophobic and transphobic behaviour. The response to this treatment in some young people was to engage in self-harming behaviour, suicide ideation and suicide attempts.

CRANApplus has an important role in promoting resilience in all remote health professionals and especially in challenging negative attitudes that impact on LGBTI remote health professionals directly as well as on LGBTI patients.

The above findings are reflected in surveys in adult populations in Australia and overseas. Given what we know about the factors that generally impact on the emotional well-being of health workers in the remote context, particularly issues of isolation, it is not unreasonable to be particularly concerned that remote LGBTI health professionals are at risk of marginalisation as a result of overt and covert discrimination, lack of respect, bullying and harassment.

There are no studies in Australia that specifically look at mental health and LGBTI in remote health. What is clear from more generalised studies, however, is that individuals who identify as LGBTI experience poorer mental and physical health and higher suicidality due to stigma, social exclusion, discrimination, bullying and rejection by friends, family and work colleagues.

CRANApplus has an important role in promoting resilience in all remote health professionals and especially in challenging negative attitudes that impact on LGBTI remote health professionals directly as well as on LGBTI patients. Proactive policy on inclusiveness and education are the cornerstone of a commitment to social justice.

As well, there are practical steps that each workplace can take to ensure that a climate of compassion exists for each and every employee. Compassion starts with leadership that is open, respectful and non-hostile. All employees need to feel that work and their work colleagues are meeting their professional needs for support, feedback and information. The isolation that is experienced by many LGBTI health professionals can be addressed by an acknowledgement and active support of peer support. Social networking is an important way of connecting with people with the same lived experience.

Professional supervision in the workplace is another step that provides an opportunity for stereotypes, attitudes and beliefs that shape professional practice to be explored.

Supervision provided in a reflective way, in particular, gives health professionals the opportunity to think about the language they have used with their colleagues and patients.

CRANApplus Bush Support Services provides free and confidential 24/7 psychological support for all rural and remote health professionals.

The team of CRANApplus Bush Support Services psychologists, in keeping with the Australian Psychological Society's ethical guidelines, is committed to the full inclusion of all people.

If you would like to discuss issues of sexual identity and gender diversity please feel to call us or look at the resources available at www.facebook.com/notbeatingaroundthebush ●



1. Leonard, L., Pitts, M. et al. (2012) *Private Lives 2: The second national survey of the health and well-being of gay, lesbian, bisexual and transgender Australians*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

2. <https://www.beyondblue.org.au/docs/default-source/research-project-files/bw0268-from-blues-to-rainbows-final-report.pdf>

3. *ibid*

mindfulness mondays

Get a Mindfulness Message every Monday through a new initiative of CRANaplus Bush Support Services.

The aim of Mindfulness Mondays is to remind all of us that mindfulness is something that we can all learn, says Dr Annmaree Wilson, Senior Clinical Psychologist, with CRANaplus Bush Support Services. The messages will encourage CRANaplus members to regularly practice mindfulness to enhance their physical, mental and social well-being in an enriching and fun way. It's a great way to reduce stress, increase self-awareness, enhance emotional intelligence, and deal with painful thoughts and feelings.

Mindfulness is not new. Its roots are in all religious and spiritual traditions including

Buddhism. The strategies of mindfulness encourage awareness to the present with openness, interest and receptiveness.

Psychological research is increasingly showing that a regular mindful practice not only enhances psychological and emotional resilience but also increases happiness and overall satisfaction with life.

An increasing number of national and international organisations are recognising the benefits of providing employees with mindfulness skills to deal with day-to-day workplace stress. CRANaplus staff recently participated in a day-long workshop run by CRANaplus Bush Support Services' psychologists to learn mindfulness-based meditation skills.

The workshops focussed on teaching skills of breath meditation. They highlighted the benefits of regular mindfulness practice. These benefits include:

- to be fully present in the present and so improve focus and concentration
- to become aware of unpleasant thoughts and feelings and self-defeating behaviours without connecting with them
- to become more self aware, aware of others and to the world around you
- to realise that we are not our thoughts and feelings
- to learn that everything changes
- to learn that life can be calm and peaceful even at work!
- to develop self-acceptance and self-compassion

...organisations are recognising the benefits of providing employees with mindfulness skills to deal with day-to-day workplace stress.

The response to the workshops was extremely positive and the "Mindfulness Mondays" is one way that CRANaplus Bush Support Services' psychologists will continue to support CRANaplus staff in regular mindfulness practice. The weekly email messages will explore different aspects of living a mindful life.

If you or your organisation would like to register to receive a Mindfulness Message every Monday please contact bss@crana.org.au ●



no2 bullying conference and staar award

By Amanda Akers, Psychologist
CRANaplus Bush Support Services

The 2016 No2 Bullying Conference, held at the Gold Coast, had extra special appeal this year as CRANaplus Bush Support Services (BSS) won a STAAR award (Strategy to Action Awards Recognition) for developing the CRANaplus Bush Support Services bullying app. I was very pleased to be invited to accept the award on behalf of Dr Annmaree Wilson, CRANaplus Bush Support Services' Senior Clinical Psychologist, as I was already planning to attend the No2 Bullying Conference on the Gold Coast on 18 April 2016.

Annmaree and the CRANaplus Bush Support Services' management and administrative team won the 'Healthier Workplace' award which was one of three categories of STAAR awards. The CRANaplus Bush Support Services bullying app had been the brain-child of Annmaree, after bullying issues were raised as an area of need in remote health settings. Annmaree spent months working at researching bullying and creating the app with the assistance of Mobiddiction, the app developer. After receiving very positive feedback from app users, Annmaree submitted an application for the STAAR award, and won!

After receiving very positive feedback from app users, Annmaree submitted an application for the STAAR award, and won!

On the first night of the No2 Bullying Conference this year, an awards dinner was held to celebrate the award winners of the STAAR awards.

The 2016 STAAR awards are an initiative of the Australian and New Zealand Mental Health Association, a non-government 'not-for-profit' organisation. The awards will be a regular feature of the No2 Bullying Conference from now on.

Jenny Johnson, Founder of Brainstorm Productions, won the 'Stop School Bullying' award for her project *Brainstorm Productions Educational Theatre*. Karla Sanders, Project Facilitator for Sticks'n'Stones, travelled to the Gold Coast from New Zealand to accept the 'Cyber Smart' award for her *Sticks'n'Stones Young People Taking Positive Action Online* project, and Annmaree Wilson, on behalf of CRANaplus Bush Support Services, won the 'Healthier Workplace' award.

CRANaplus is yet again at the forefront of addressing workplace issues and enjoying the benefits of teamwork, recognition, and reward.

Each award winner showed a brief presentation of their work after accepting their awards at the celebratory dinner, and I was very proud to receive the award for Annmaree Wilson and CRANaplus Bush Support Services, and showcase CRANaplus and its support arm, CRANaplus Bush Support Services. A classy trophy and framed certificate are now displayed in the CRANaplus Cairns office. Congratulations Annmaree for your foresight in developing the bullying app which has been so well received.

If you haven't already downloaded the app, it can be accessed through the CRANaplus website and is available for iPhone and android phones. CRANaplus is yet again at the forefront of addressing workplace issues and enjoying the benefits of teamwork, recognition, and reward. ●



Winner of the 2016 STAAR
"Healthier Workplace" Award



our bullying app

all the answers at your fingertips!

Feeling bullied at work? Bullying is unacceptable in the workplace.

- Learn how to identify bullying in a remote health workplace.
- Understand the process in preventing and responding to bullying.
- Learn to identify symptoms associated with bullying and when to seek help.
- Find out whom to contact and utilise readily-available resources.

Download our App FREE from the App Store.

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



what else do we do?

CRANaplus Bush Support Services can also provide rural and remote area health professionals with professional mentoring and support. We outreach to remote area workers by running fun activities such as stress buster and well-being competitions. We offer self care workshops tailored to meet the client's needs. We also offer online courses such as Workplace Conflict and Self Esteem.

CONTACT DETAILS

Telephone counselling: 1800 805 391

Website: www.crana.org.au/support

Email/SKYPE counselling: scp@crana.org.au

Sign up for our weekly newsletter on our website: www.crana.org.au

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CRANaplus
Bush Support
Services

1800 805 391
toll free 'every day of the year'

educate

triage education sessions

The reality of the medical receptionist role is that it involves a lot more than allocating the next available time to be seen by a practice nurse or doctor. The Triage Education Sessions (TES) are the latest offering from the CRANaplus Education team to address this.

These sessions were developed following a request from the Northern Queensland Primary Healthcare Network (NQPHN) to provide some triage training to non-clinical staff, particularly GP surgery receptionists.

While most people attending the sessions are reception staff, a number of practice nurses have also attended. The participation of all members of the practice team ensures consistency of message across the disciplines.

The sessions are run over 2.5 hours in the evening to facilitate attendance.

Just like a clinician doing triage, the receptionist's decision to allocate an appointment time involves prioritising the patient according to their presenting problem. Triage for receptionists is a guide for non-clinical staff to prioritise an appropriate time to be seen based on the information given to them. In reality this is often sight-unseen as requests come via the telephone, so telephone triage is a vital skill.

The participation of all members of the practice team ensures consistency of message across the disciplines.

In addition, the receptionist has the same responsibility as a nurse in an Emergency Department to monitor the waiting room.

They need to notify the practice nurse or a doctor immediately if they are concerned.

Before attending the course, participants receive a handout providing some information on what triage is, what it looks like in a primary health setting, advantages and problems associated with triage, telephone triage and strategies for getting triage right, along with a 'how to' guide.

During the face-to-face component of the course, participants take part in a triage allocation exercise and are encouraged to actively engage in all aspects of the course. Good discussion is generated about their situation in terms of triage and communication.▶▶



Checking triage categories.



Triage practice.

» In some instances there are actually more questions than answers, and, in the course run so far, there is a commitment to explore strategies to address these issues.

Like the Triage Education (TEC) courses, having a program that allows participants to contextualise this course and its content is one of its strong points, making it an attractive option for organisations.

Feedback about the course has been very positive. Testimonials include:

Very well run and informative. Excellent presenters. Good to have a mix of clinical and non-clinical staff. Would be great to have more staff from workplace present.
(Sarina, April 2016)

This was a very interesting course. The presenters were all friendly and easy to communicate with. The course is very relevant

to Primary Health Care nursing in general practice. Well done CRANaplus. Thank you for the presentation and the knowledge the three of you shared. Have learnt a lot.
(Charters Towers, May 2016)

All attendees really benefited from your experience and knowledge regarding the topic of Triage. The session was well presented and resources were clear and concise. The topic was thought provoking and questioned our policy and procedures and accountability within the practice.
(Charters Towers, May 2016)

If anyone is interested in having a TES delivered in your area, please contact Sue Orsmond (sue@crana.org.au) for further information.

**Sue Orsmond
Senior Coordinator
CRANaplus ●**



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!!!

eRemote – exciting times ahead

eRemote is undergoing some exciting new changes. The look and feel of the eLearning experience is akin to a snake shedding and emerging with a brand new skin.

Adult learners can be hard to engage and keep engaged in education, especially in the online environment when internet services are poor. eLearning needs to make you, the learner, feel like you have control of your learning. It needs to be able to stop you from signing off and reaching for a textbook.

A variety of mediums are employed such as being able to swipe the screen to reveal more, one touch video playback, one click access to external resources, graphics as well as text.

The use of colour is another important medium and there is a fine balance between what works and what starts you reaching for the brightness control. Health is a hands-on field and flat text based descriptions often make the translation to the real world complicated. Hence the use of multiple mediums to assist in the knowledge transition.

Adult learners can be hard to engage and keep engaged in education, especially in the online environment when internet services are poor.

Due to the advances in technology and portable devices, eLearning needs to keep up. Opportunistic learning is a key factor for busy adults. When you're waiting for a plane, finally having a break or are just have a bit of time to do some learning, short, sharp, education can make the difference.

CRANaplus is keeping abreast of eLearning best practice by using software such as Moodle, Articulate Storyline and Atavist. For those who may fear that the use of eLearning is becoming more complicated and may end up in the "too hard basket", fear not. If you can make a call on your smartphone or open up your email then the CRANaplus eRemote eLearning is not going to be a problem. Recently we have 'renovated' our look with both a new website and a 'new skin' and hopefully what you are seeing is an easier to navigate, brighter looking educational site and as always we have a team who can support you as you need.

For those who may fear that the use of eLearning is becoming more complicated and may end up in the "too hard basket", fear not.

Behind the scenes reviews of all courses are being undertaken. The first ones to come online will be the Advanced Life Support (ALS) and the Advanced Remote Emergency Care (AREC).

Both ALS and AREC will have an interactive online manual. There will also be an offline version available for those learners who have poor internet access. These manuals are designed to be used on a PC, Mac, Smartphone or Tablet giving greater portability and access.



Behind the scenes reviews of all courses are being undertaken.

The ALS course also has the interactive platform where users can click, drag, swipe and watch educational material relating to everything ALS. Participants also have the option to have the practical assessment assessed via SKYPE (or similar) or by a local assessor who meets the CRANaplus requirements.

The core mandatories and clinical upskilling are in line for a major review over the next six months, so watch this space for more interactive information and new quiz questions.

Exciting times are ahead and more information about updated courses will be released in the coming weeks.

Your suggestions are always welcomed please email eremote@crana.org.au ●



wet and wonderful welcome



Participants in a recent Maternal Emergency Care (MEC) course at Nauiyu Nambiyu (Daly River) had the privilege of a special Welcome to Country ceremony.

MEC/MIDUS Coordinator Glenda Gleeson said she jumped at the offer from the women elders in the community. "An excited 'yes' was my response, as this is a rare and very special inclusion into our program content," she said.

Participants were driven to the Daly river, a few kilometres from the Health Centre, to be met by elders Miriam Rose Ungunmerr/Bowman, Bridget Kikitin and Monica Mushiwan.

Above: MEC Coordinator Glenda Gleeson is welcomed to country.

Right: MEC Facilitator Rosie Downing with elders.

Far right: Each of the course participants is welcomed to country.

"Miriam guided us to the river where we removed our footwear and were asked to wade across to a stony island," Glenda said. "It was with some trepidation we all followed the instructions. I have read too many NT News stories of crocodiles, so cautiously scanned the water. I trusted the elders had considered our safety in asking us to enter the recently flooded Daly river to conduct this unique ceremony."

Health Services Manager Janet Fletcher also outlined the 'Welcome to Country' story –

'Dadirri' – The Spirit Within

If a stranger comes to my country, an elder of my language group welcomes this stranger with a ceremony.

The elder takes the stranger to a creek, river or billabong and squirts water from the mouth on to the crown of the stranger's head and onto the stranger's navel.

The water runs off this person and into the creek. The current carries the presence of the stranger through the land of our ancestors.

The stranger becomes a member of the land and is welcomed as being one with us.

Miriam explained the process to the participants: they were to stand in clear water, not water that was muddied, and the women would wet participants' heads and navels with the water.



"Wetting the head was to recognise we are here now, we have chosen to be here in this country, and we were happy with our decisions," Glenda said. "Wetting the navel was to indicate this is where we had come from, our original life source."

"Wetting the navel was to indicate this is where we had come from, our original life source."

As explained by Miriam, as the water dripped from their heads and navels, it was transported down the river where the water droplets interspersed with the ancestral spirits of the land and carried their spirit to the ancestors on its way to the ocean.

"Including this ceremony into the MEC program was a special privilege to all of the course participants," Glenda said, "particularly considering many had never been to a remote Indigenous community before."

"Thank you to the women elders and to Janet for enabling this event." ●



a midwife is born

"It was definitely a good night to be a nurse." Registered Nurse Greg Clark is talking about helping at the birth of a baby "literally as mum came through the emergency door of the hospital."

That dramatic event, coming only days after Greg had undertaken the CRANaplus Maternity Emergency Course, has changed his career path.

"The course and the emergency birth have completely changed my trajectory..."

"The course and the emergency birth have completely changed my trajectory," says Greg.

"When mum and newborn baby, still attached, arrived I immediately thought of the 4Ts we had been taught in the course and I went into action.

"The first T is Tone – and I started to rub mum's belly to help the uterus to contract and to stop the bleeding. Then it was on to check for Trauma, such as tears that may need stitching. Tissue was next and I checked that the placenta was still intact.

"Having just completed the Maternity Emergency Care course was absolutely perfect. It couldn't be any better..."

"Having just completed the Maternity Emergency Care course was absolutely perfect. It couldn't be any better. At the end of the course, Michelle told us we would now suddenly be dealing with lots of babies and children. In my case, that was immediate!"

Here is the email Greg sent to the MEC team:

Just thought I would drop you a line letting you know that all the knowledge that you and your wonderful staff empowered me with on the weekend came in very handy at 20.10 pm tonight.

Safety brought a 2.3 kg baby boy into the world after cat 1 emergency. Super pumped about that! A good night to be a nurse.

Without your course and the awesome education I would not have been any use to this new family. So once again I sincerely thank you and the team at Lennox Heads.

Greg, currently working at the Gold Coast University Hospital in Southport, is planning to work rural and remote when he and his GP wife Sarah set off in their Winnebago on long service leave in July.

"Deciding to go remote, I knew I had to lift my game in the area of pregnant women and babies. In 12 years of nursing, it was something I had avoided."

"Deciding to go remote, I knew I had to lift my game in the area of pregnant women and babies," he said. "In 12 years of nursing, it was something I had avoided.

"I have to say that doing the course opened my eyes, and helping to bring someone into the world got me thinking."

And so, in February next year, Greg begins his midwifery training. ●



2016 EDUCATION SCHEDULE



COURSES ARE OPEN FOR REGISTRATION AT CRANA.ORG.AU

Schedule subject to changes, please check website for updates.



Maternity Emergency Care

- WESTERN AUSTRALIA**
- Esperance, 1-3 July
- QUEENSLAND**
- Hughenden, 5-7 August
 - Longreach, 18-20 November
- NORTHERN TERRITORY**
- Alice Springs, 9-11 Sept (full)
 - Tennant Creek, 11-13 November
- NEW SOUTH WALES**
- Broken Hill, 24-26 August
- TASMANIA**
- Hobart, 15-17 October



Advanced Remote Emergency Care

- QUEENSLAND**
- Rockhampton, 16-18 September
- NEW SOUTH WALES**
- Coffs Harbour, 11-13 November



Midwifery Upskilling

- WESTERN AUSTRALIA**
- Perth, 15-17 July
 - Broome, 4-6 November
- NEW SOUTH WALES**
- Port Macquarie, 19-21 August



Remote Emergency Care

- TASMANIA**
- Hobart, 9-11 October
- WESTERN AUSTRALIA**
- Kununurra, 8-10 July (full)
 - Broome, 28-30 October
- QUEENSLAND**
- Mt Isa, 29-31 July
 - Cairns, 12-14 August (full)
- NORTHERN TERRITORY**
- Alice Springs, 22-24 August
- SOUTH AUSTRALIA**
- Coober Pedy, 2-4 September

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

ALS Broome 2014



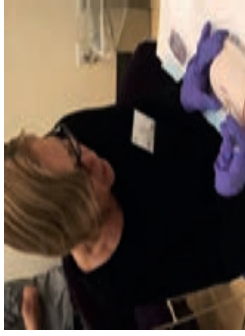
Advanced Life Support

- QUEENSLAND**
- Mt Isa, 1 August (1 day)



Paediatric Emergency Care

- TASMANIA**
- Hobart, 10-11 October (pre Conference)
- WESTERN AUSTRALIA**
- Fitzroy Crossing, 1-2 Sept
 - Karratha, 5-6 November
- QUEENSLAND**
- Cairns, 16-17 July (3 vacancies)



Practical Skills

- WESTERN AUSTRALIA**
- Narrogin, 29 October (1 day)



Practical Skills Triage

- WESTERN AUSTRALIA**
- Kununurra, 11 July (1 day)

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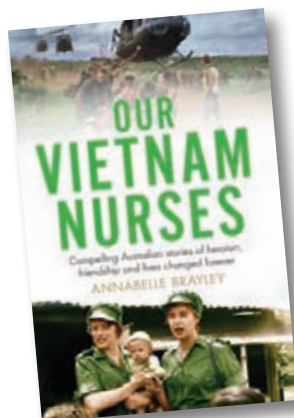


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Our Vietnam Nurses

Compelling Australian stories of heroism, friendship and lives changed forever

Annabelle Brayley

With a Foreword by Quentin Bryce AD, CVO

Published: 2 May 2016
by Michael Joseph, an imprint of Penguin Random House Australia
RRP \$34.99

In 2013 when interviewing nurses for her previous bestselling book *Nurses of the Outback* someone asked Annabelle Brayley if she knew any nurses who went to the Vietnam War. While she recalled the anti-war protests and vitriol aimed at the veterans she didn't recall any nurses.

"It's no secret that my heroes are nurses but this lot had flown right under my radar. I'd never thought about nurses being in Vietnam and the more I thought about – and researched who cared for our wounded Australian troops, the more I realised that as a nation, we'd not only disregarded the enormous contribution these nurses made, we'd also ignored their existence with sad consequence..."

Our Vietnam Nurses is a profoundly moving and vitally important collection of stories celebrating the invaluable and previously unacknowledged contribution of all Australian nurses and medics (volunteer civilians, conscripts, Army and RAAF) to the Vietnam War. ●



Bad Medicine

Terry Ledgard

Published:
27 June 2016
RRP: \$35.00

Evocative, moving and outrageous in its humour and honesty, *Bad Medicine* is an

exhilarating account of life as an SAS medic in the world's most intense warzone.

Terry Ledgard is no stranger to mischief and adventure. Having survived childhood in outback Australia, he joined the Army and rose through the ranks to become an SAS medic in Afghanistan. As he endured explosive action, blood-curdling trauma and gut-wrenching humanitarian aid missions, he found the modern-day soldier's larrikin spirit was the perfect prescription for intense combat conditions.

Armed with a new-found perspective on life, Terry returned to the Real World, but soon realised it wasn't all it was cracked up to be. His life became a slow-motion train wreck as he faced a gritty battle with post-traumatic stress disorder. But in a stroke of ironic fortune, he realised that the Army had taught him everything he needed to overcome the affliction, and that his most important weapon was a sense of humour.

Evocative, moving and outrageous in its humour and honesty, *Bad Medicine* is an exhilarating account of life as an SAS medic in the world's most intense warzone. ●



Journey of a Thousand Storms

Kooshyar Karimi

Published:
13 June 2016
RRP: \$35.00

In *Journey of a Thousand Storms*
Dr Kooshyar

Karimi, author of

Leila's Secret, tells his gripping personal story of surviving prison in Iran and life as a refugee before finding success in Australia.

Kooshyar Karimi had two careers in Iran, one as a doctor and one as an award-winning translator. Until he was kidnapped by the Intelligence Service.

Behind his professional success, Kooshyar was a rebel on several fronts. Marginalised since boyhood as a Jew in a fundamentalist Islamic state, he was a member of a political group that opposed the government. He'd also been using his medical skills illegally, to save unmarried pregnant women from death by stoning.

Snatched from the street by the secret service, he was jailed and tortured and then forced to spy for the regime, before finally escaping to Turkey. There he faced a whole new struggle to keep his family safe while awaiting refugee status from the UN. He was forbidden to work and at the mercy of corrupt police, con men and red tape. Then life became more dangerous still, when the Intelligence Service tracked him down and used his mother, back in Iran, as blackmail.

Kooshyar's inspiring story of how he managed to forge a new life in Australia is heightened by his largeness of heart, strength of character, and insight into human behaviour, from the unfathomably evil to the selflessly kind. With the skill of a natural storyteller, *Journey of a Thousand Storms* recounts a life of endurance, compassion and gritty determination. ●



The Outback Cop

Evan McHugh

Published:
19 Sept 2016
RRP: \$35.00

'Another hot day in Birdsville...'

The Birdsville

police posting is one of the most remote in Australia. It can be extremely lonely and incredibly busy at the same time. Nothing might happen for weeks or months, then problems come crawling out of the woodwork.

There aren't many who can handle the job for long – unless you're Senior Constable Neale McShane, who has single-handedly taken care of this beat the size of the UK for the past ten years. Recently retired from this 'hardship posting', Neale now has a stock of stories and adventures from his life and colourful times living with his family in Birdsville.

In recounting these tales to his good friend and bestselling author Evan McHugh, Neale delights us with yarns that could only come from the furthest corner of our country. Here are stories of desert dangers, dead bodies, droughts and floods, drinkers and dreamers – and, of course the infamous Birdsville Races, when the town's population swells from 50 to 500.

So if Birdsville has remained just a little too far off the beaten track for you, sit back and let Birdsville come to you... ●

represent

windorah phc directors of nursing conference

Participants came from Birdsville, Bedourie, Mutaburra, Isisford, Tambo, Jericho, Aramac and Windorah for this combined Professional and Education Services event in March.

Marcia Hakendorf, Leonie McLaughlin and I delivered two days of Continuing Professional Development (CPD) to the group of Primary Health Care Directors of Nursing in the Central West District of Queensland Health.

The group had just completed the Pre Hospital Trauma Life Support (PHTLS) course over the previous two days, tired, but very positive about its benefits.

The Clinical Governance course on the Monday explored components of Clinical Governance necessary for consistent, safe and quality delivery of healthcare. Tuesday was an Advanced Life Support course from Education Services, coordinated by Leonie.



Above and overleaf: Windorah "big red" sandhill.
Below: Windorah's main street.

Activities during the rest of the week included an Immunisation update, a workshop on Challenging Conversations & Behaviours and an Otitis Media update.

This week of activities is a great example of the diversity of the CPD needs of Remote Area Nurses across a very broad scope of practice. Bringing them together is also very valuable networking for these isolated health professionals.

The opportunity to take courses to remote locations is our commitment to specifically meet the needs of the nurses who work in remote settings. It is also a great way to hear first hand of the challenges and the benefits, of working in remote and isolated practice.

The opportunity to take courses to remote locations is our commitment to specifically meet the needs of the nurses who work in remote settings.

The other great thing on this trip for me was the evidence of great community spirit in the region and the opportunity to meet with community members. The value placed on the PHC clinic and the services of the very experienced nurses were demonstrated through the great support for this event in Windorah. ►►



►► Our thanks to all organisers, participants, Regional Development Board and to Mr Brown who kindly took us on a tourist drive out to "big red" the sandhill just out of town.

LINKS Mentoring Program

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

Accelerates **L**earning

Ability to **I**ntegrate clinical skills

Opportunities for **N**etworks

Enhance **K**nowledge base

Acquire Professional **S**upport

If you would like to become a mentor or mentee and be part of our program please email Marcia at professionals@crana.org.au

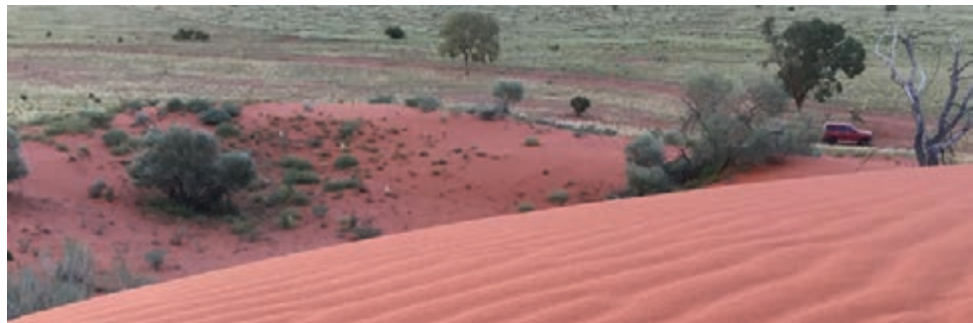
Position Papers

We are very pleased that the "Birthing on Country" Position Paper has received endorsement and the paper is now on our website: <https://crana.org.au/professional/position-statements>

The position paper was jointly announced by Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Australian College of Midwives (ACM) and CRANaplus.

Position papers in progress include:

- Remote Workforce: Gender Diversity and Inclusion Position Statement
- Respectful behaviours



Remote Management pilot program – Essentials for Remote Managers

This program is an exciting new initiative for CRANaplus and the Australian College of Health Service Management (ACHSM). In April, we were overwhelmed by the interest shown by remote managers wanting to participate.

Anecdotally it is known that, for varying reasons, remote managers often do not get the opportunity to attend to their own professional development needs.

The program has been specifically designed to enhance and broaden their knowledge regarding clinical governance, leadership and management, and project management. An Advisory Group has been established to provide advice on curriculum, content and course design.

It will include access to on-line modules, webcasts and a 2-day face-to face workshop as part of the ACHSM mentoring program. Our program commences on 20 June with participants having access to the on-line modules. Watch this space...

Health Service Handover Template

A reminder to have look at the template and we welcome your feedback.

<https://crana.org.au/professional/practice/remote-practice>

Marcia Hakendorf and Geri Malone
Professional Services
CRANaplus ●



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from darwin, with love



They say never smile at a crocodile, but try telling that to Danni-Lee Dean.

The nursing and midwifery officer at the National Rural Health Student Network (NRHSN) has been nursing a desire for a crocodilian encounter for some time.

Her wish came true in Darwin recently when she got up close and personal with a tiny croc (see photo) at the end of her Go Rural trip with the Northern Territory PHN.

Wrangling reptiles wasn't the only experience snapped up by the nursing student from the University of Notre Dame in Western Australia.

During Go Rural, Danni-Lee got to meet a variety of NT health professionals, visiting clinics and health services in Barunga, Batchelor and Katherine – seeing how people work to meet the diverse health needs of the Territory.

Along the way she cooled off at wondrous croc-free places like Florence Falls and Edith Falls.

She also got to speak at length to remote nursing stalwart Anne Carey, WA's Australian of the Year, about her work in Africa combating Ebola.

"She was kind, warm-hearted and encouraging towards me," recalls Danni-Lee. "Anne is an admirable role model, an advocate for all, but most of all a modest heroine."

Anne was guest speaker at the NT PHN and Northern Territory General Practice Education (NTGPE) Compass Teaching and Learning Conference 2016, attended by 120 Territory health professionals and their families.

This year's Compass Conference was the final destination for the Go Rural travellers, giving them the opportunity to listen, learn and network with some of the best in the business.

Danni-Lee was one of a group of six medical, nursing and allied health students from around Australia selected for the trip – part of the national Go Rural campaign run by Rural Health Workforce Australia.

The scene was set on day one when the group was put through their paces with a cultural education session run by NTGPE.

"The hospital scenario in the role-reversal video opened not only my eyes but my heart," says Danni-Lee. "We learnt of avoidance relationships, kinship, skin-ship and how cultural understanding impacts healthcare delivery."

These messages rang true when the group called in at Batchelor Institute of Indigenous Tertiary Education, where they were warmly embraced by Dr Sue Stanton and met with Aboriginal Health Practitioners and Aboriginal Health Workers.

It was there that Danni-Lee met Jodie Millar, who is studying a Certificate III in Community Services and has been working at a safe house for women who have experienced family violence.

"We spoke of family, and the struggles of balancing work, life and study... and we laughed a lot. And there it was, I fell in love with the Northern Territory.

"On saying goodbye, Jodie told me she hopes to work with me one day and told me next time she saw me she would call me 'Sister'."

Danni-Lee is also thankful for the career guidance she received from Margaret Brice at the Batchelor Clinic and Katherine Hospital nurse Tarrant Tolotta.

Others who influenced her thoughts were Dr Peter Fitzpatrick from the Wurli-Wurlinjang Health Service, NRHSN alumni Dr Jasmine Banner now working at Wurli and Dr Simon Quilty from Katherine Hospital.

During Go Rural, Danni-Lee got to meet a variety of NT health professionals, visiting clinics and health services in Barunga, Batchelor and Katherine – seeing how people work to meet the diverse health needs of the Territory.

For Danni-Lee, the Go Rural visit to the Top End offered some life-changing insights. She says she is now more determined than ever to work in a rural or remote setting – and she thinks the NT is the place to be.

"I wasn't expecting to be impacted in such a personal and professional way on Go Rural," she says, adding that she will now apply for her next critical care placement in Darwin.

And if that pans out, she intends to take a bigger bite and seek a place on the graduate nursing program in the Territory.

(Danni-Lee would like to thank NT PHN, Go Rural team leader Diana Carli-Seeborn, and the ever cheerful Chippy Miller for bringing the Territory to life for her) ●



connect

interested in taking your career into new areas?

Want to address the issues that cause illness and improve health on a population level?

The Master of Public Health (MPH) creates exciting opportunities for health professionals who want to understand the big issues in population health and be exposed to new ideas and research in Indigenous health, global health and public health practice.

About the Course

The Menzies School of Health Research/Charles Darwin University MPH will equip students with the tools to effectively investigate, critique, manage and respond to complex health and social issues in inter-cultural, local and global contexts. This unique course offers advanced skills in interpreting health information, including epidemiology, statistical analysis, quantitative and qualitative research methods.



Kenny and Kylie share some time.

If opportunity doesn't knock, build a door.

Milton Berle, Comedian

Students will also extend their ability to formulate strategies by evaluating and designing public health interventions, and applying their knowledge of public health practice to health promotion, health systems, health policy and health care decision making.

Career Opportunities

This course will enable graduates to meet the expectations of employers in health, development and humanitarian organisations and universities, both nationally and internationally. Our MPH graduates have had opportunities to make a real difference in public health practice. They have gone on to become national public health leaders, program planners, analysts, evaluators, international health workers, senior health policy officers and practitioners who implement public health interventions.

Why study the MPH with Menzies?

In addition to the core public health curriculum, students have the choice to complete their studies with a meaningful public health research experience. Our students can carry out significant research activities in Indigenous or global health, under the supervision of leading Menzies researchers. This research experience can assist students to specialise in a particular area of public health and is highly valued professionally and academically.

For more information about the Master of Public Health, and other public health programs offered by Menzies and CDU: http://www.menzies.edu.au/page/Education_and_Training/ ●

new review of diabetes among aboriginal and torres strait islander people now available online

One of the challenges facing frequently overburdened, under-resourced and time poor health professionals is the need to stay up-to-date with the latest research that informs high quality, evidence-based practice. The Australian Indigenous HealthInfoNet has just released a *Review of diabetes among Aboriginal and Torres Strait Islander people* to address the information needs of people working in this sector.

The purpose of the review is to synthesise available evidence to inform health practice and the development of programs and policy. The review draws on the latest information from relevant publications – including journal articles, government reports, national data collections and surveys – and has undergone formal peer review.

The review focuses primarily on type 2 diabetes, but also refers to type 1 diabetes and gestational diabetes where relevant. It covers a range of aspects related to diabetes among Aboriginal and Torres Strait Islander people, including:

- the historical, social and cultural context
- contributing behavioural and biomedical factors
- incidence, prevalence, hospitalisation and mortality
- complications and comorbidities
- prevention and management
- programs and services
- policies and strategies
- future directions.

Current evidence demonstrates that diabetes is one of the world's fastest growing chronic diseases^[1,2], and that type 2 diabetes poses a particular challenge for Aboriginal and Torres

Strait Islander people, especially those living in remote areas.^[3,4] The latest national figures indicate that, compared with non-Indigenous Australians, Aboriginal and Torres Strait Islander people are:

- three times more likely to have diabetes^{1 [3,4]}
- almost twice as likely to develop gestational diabetes^[5]
- four times more likely to be hospitalised for diabetes^{2 [6]}
- six times more likely to die from diabetes.^{3 [7]}

There is also growing concern regarding the emergence of type 2 diabetes in young people, with evidence suggesting that Aboriginal and Torres Strait Islander children⁴ are eight times more likely to develop this condition than non-Indigenous children.^[8]

The prevention and management of diabetes among Aboriginal and Torres Strait Islander people requires culturally appropriate programs that address the range of contributing risk factors as well as the broader historical, social and cultural determinants of health.^[9] Effective and innovative programs, tailored to meet community needs, do exist at the local level,^[10,11] and much can be learned from the ways in which Aboriginal and Torres Strait Islander community controlled health services provide culturally appropriate care.^[9,12]

1. Type 1 diabetes, type 2 diabetes, and/or high sugar level.
2. The chances of being hospitalised increase with increasing remoteness.
3. Diabetes is the second leading cause of death after coronary heart disease.
4. Aged 10-14 years [8].
5. In this context translational research is similar to knowledge translation or exchange.



However, a coordinated national approach that addresses diabetes across the lifespan is also recommended.^[9,13]

The Diabetes Australia *Aboriginal and Torres Strait Islanders and diabetes action plan*^[9] and the new *Australian national diabetes strategy 2016-2020*^[14] are important contributions towards this goal.

The *Review of diabetes among Aboriginal and Torres Strait Islander people* is an example of the translational research activities that the Australian Indigenous HealthInfoNet undertakes to address the information needs of people working in the Aboriginal and Torres Strait Islander health sector. The full diabetes review is freely available on the HealthInfoNet website at: <http://www.healthinfonet.ecu.edu.au/uploads/docs/diabetes-review-2016.pdf>.

Other HealthInfoNet publications that summarise various aspects of Aboriginal and Torres Strait Islander health are also available on the website (<http://www.healthinfonet.ecu.edu.au>), as is an extensive collection of links and information regarding publications, programs and projects, health promotion and practice resources, and policies and strategies produced by others working in the Aboriginal and Torres Strait Islander health sector.

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Samantha Burrow and Kathy Ride,
Australian Indigenous HealthInfoNet ●



Australian Indigenous
HealthInfoNet

NWRH

North and West Remote Health

A pioneer in the provision of outreach health services, NWRH is a vibrant not-for-profit company employing multidisciplinary teams to provide health, support, aged care and wellbeing services across rural and remote Northern Australia.

- We form firm community connections and a genuine understanding of needs and cultural sensitivities
- We are committed to delivering quality health outcomes for individuals and communities
- We assist clients to better access health care and wellbeing services

BENEFITS OF WORKING FOR NWRH

- EXCELLENT CLINICAL SUPPORT AND MENTORSHIP
- GENEROUS REMUNERATION PACKAGES INCLUDING TRAVEL SUBSIDIES
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- VARIETY OF PROFESSIONAL SETTINGS
- COMMUNITY PARTICIPATION
- BEING PART OF A FRIENDLY, PROFESSIONAL AND MULTIDISCIPLINARY TEAM
- DIVERSE PATIENT MIX

BENEFITS OF WORKING IN RURAL AND REMOTE SETTINGS

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- Benefit from a relaxed and unique lifestyle

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Refer to our website for vacancies



nwrh.com.au

australia and climate-health policy, post the paris agreement

The risks to people's health from our changing climate are of concern for rural and urban Australians alike. Prolonged heatwaves, longer and more severe droughts, increased risk of bushfires and severe and damaging storms all part of what is becoming an increasingly unpredictable 'new normal' of weather.

Action on climate change is ever more urgent, and the impacts on people's health and on health services a key driver for efforts to secure more ambitious and more effective climate policies in Australia.

The recent Paris Climate Agreement, signed by Australia in Paris in April 2016, obliges Australia to consider health in the context of its national climate policies, and specifically to consider the co-benefits to health when developing mitigation (emissions reduction) strategies.

Not all climate strategies deliver the same health benefits, so it's really important that in developing our response to climate change that we choose climate strategies that also offer health protection and/or improve health and wellbeing.

Not all climate strategies deliver the same health benefits, so it's really important that in developing our response to climate change that we choose climate strategies that also offer health protection and/or improve health and wellbeing.

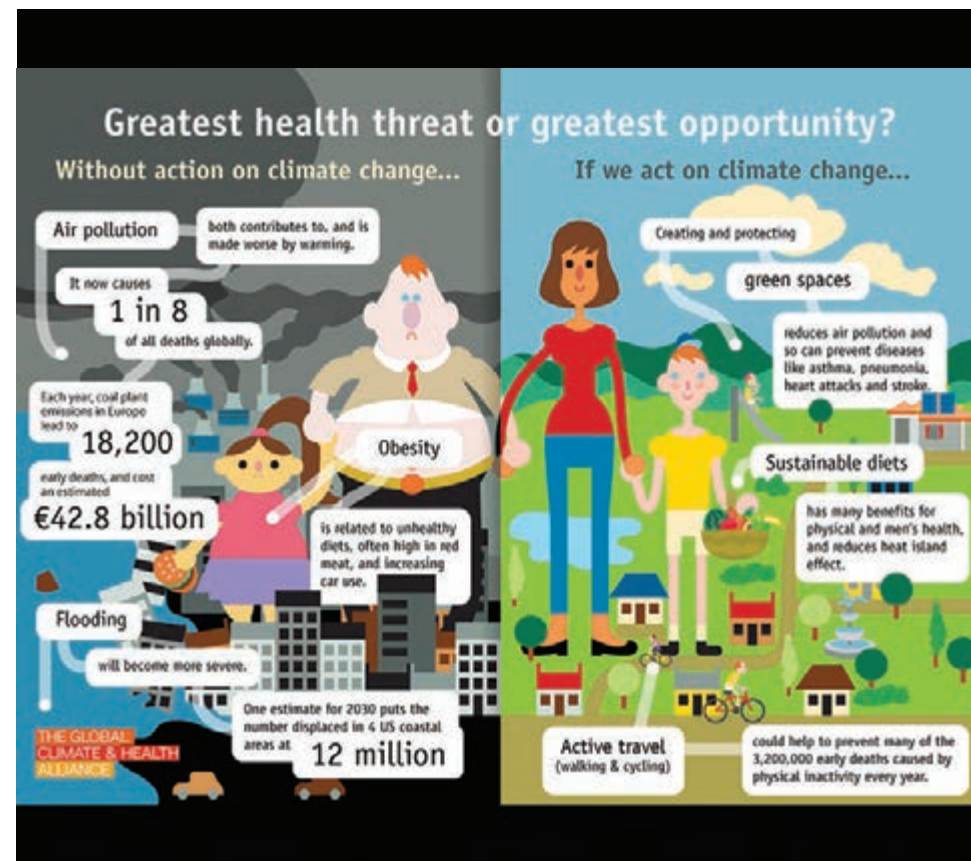
As *The Lancet* said in the recent Health and Climate Commission (2015), while climate change poses a huge threat to health globally, action on climate change potentially offers the greatest health opportunity of the 21st century, illustrated in the infographic from the Global Climate and Health Alliance opposite.

Over half of Australians want more government action to mitigate the effects of a changing climate, according to a recent study conducted on behalf of a coalition of environmental groups.

Over half of Australians want more government action to mitigate the effects of a changing climate, according to a recent study conducted on behalf of a coalition of environmental groups. In the lead up to the Federal election this year, 56.4% of respondents to the study said they wanted to see more action on climate change, and 56.1% claimed they would support a party working to phase out coal-fired power.¹

Despite the evidence and the concerns of the Australian public, there is currently no national strategy for mitigation of the health impacts of a changing climate. And according to a global survey of national climate and health plans led by Climate and Health Alliance in 2015, Australia lags behind comparable countries in taking action to respond to the threats climate change poses to human health.

1. <http://www.essentialvision.com.au/doing-enough-to-address-climate-change-2>



CRANaplus is a valued member of the Climate and Health Alliance, and the expertise and insights of its members very valued in terms of providing a rural and remote perspective.

The Climate and Health Alliance (CAHA) is leading the development of a campaign to secure a comprehensive national strategy on climate and health. It will release a Discussion Paper in June

2016, accompanied by a survey to elicit feedback from healthcare stakeholders about the core elements of a national climate and health plan. These will inform a set of recommendations to go to government in late 2016.

As an alliance of groups, CAHA relies on the knowledge and experience of its members and external stakeholders to inform discussions and recommendations. CRANaplus is a valued member of the Climate and Health Alliance, and the expertise and insights of its members very valued in terms of providing a rural and remote perspective.

Contact fiona.armstrong@caha.org.au if you would like to be involved in this consultation and/or find out more about the campaign. ●

new report shows a third of burden of disease is preventable

By Sophie Brown – Communications and Engagement Officer, Public Health Association of Australia

The Australian Burden of Disease Study, Impact and Causes of Illness and Deaths in Australia 2011, released by the Australian Institute of Health and Welfare (AIHW) shows a third of burden of disease is preventable. The study shows at least 31% of the burden of disease is preventable if risk factors such as tobacco use, high body mass, alcohol use and physical inactivity and high blood pressure were addressed.

The burden of disease puts pressure on the health system making it difficult for Australian families to receive the care they need. The report particularly shows the inequities for those in lower socioeconomic areas and regional areas. People living in very remote areas experienced 1.7 times the rate of burden than those in major cities. The rates were especially high for injuries, cardiovascular diseases, kidney and urinary diseases and endocrine disorders.

The total burden of disease in Australia would be 4.2% lower if all areas had the same rates of burden as major cities. This report is a wakeup call to the Government to implement a comprehensive approach to prevention of chronic disease particularly in rural and remote areas.

The Social Determinants of Health Alliance (SDOHA) is holding an event during National Anti-Poverty Week in Melbourne which will address the impacts of housing on health. The event will also examine how where people live (including rural and remote areas) impacts on health outcomes.

Those living in rural and remote areas may face additional risk factors which can contribute to

the burden of disease such as increased rates of mental illness and poor mental health.

Other risk factors attributing to the burden of disease identified in the AIHW report included:

- 9% Tobacco use
- 5.5% High body mass
- 5.1% Alcohol use
- 5% Physical inactivity
- 4.9% High blood pressure

The Public Health Association of Australia (PHAA) is determined to get prevention on the agenda for the 2016 election and campaigning for health equity and equality for all Australians. PHAA's election priorities outline a call to action from the Government to increase prevention spending from 1.7% to 5%.

Prevention initiatives will go further to keep Australians healthy and save lives. The study highlights the importance of prevention so the Australian population are kept out of hospital and living the best quality of life.

People living in very remote areas experienced 1.7 times the rate of burden than those in major cities.

PHAA continues to advocate for a sugar tax on soft drinks to help prevent the rising burden of disease especially chronic diseases. By implementing a tax and educating the public on the harm soft drink has on a person's overall health, Australia can become a healthier nation.

The joint 44th PHAA Annual Conference and 20th Chronic Diseases Network Conference in Alice Springs, NT will look at these issues in more detail. ●



take complementary medicines with care: nps medicinewise



17 May 2016

Following the broadcast of the ABC's Four Corners episode last night on complementary medicines, NPS MedicineWise is reminding people to take these medicines with care.

Many people like to use complementary medicines, which include natural and herbal medicines, alternative or holistic remedies, traditional remedies, homeopathy, aromatherapy oils, and vitamins and minerals (although these can be part of medical treatment too).

NPS MedicineWise CEO Dr Lynn Weekes says that over 50% of all calls to Medicines Line about complementary medicines are questions about drug interactions – with the the most enquiries regarding Vitamin D and calcium preparations, multivitamin products, fish oil and other marine oil preparations, glucosamine products and St John's wort.

"Although complementary medicines can have benefits, they can still have side effects, interactions, and cause allergic

reactions, and they also undergo less testing in general compared to other types of medicines, so they still need to be used with care," says Dr Weekes.

With complementary medicines in the spotlight, NPS MedicineWise is strongly encouraging people to be open with their health professional and tell them about all the prescription and non-prescription medicines they are taking.

"Talk to your pharmacist or doctor in the first instance to find out whether a complementary medicine might be the right course of treatment for you," says Dr Weekes.

"Remember to ask if there will be any effect on your other prescription or non-prescription medicines.

"Your health professional can help guide you when it comes to choosing a complementary medicine, how much to take, how often to take the medicine, and what side effects and interactions to look out for."

The free MedicineList+ smartphone app by NPS MedicineWise is one tool to help you or someone you care for to keep a complete list of all your prescription, non-prescription and complementary medicines.

The app helps you keep track of what you're taking and when you should take it, it offers reminders, and allows your list to be shared with a health professional.

Dr Weekes has one final tip for anyone looking on the internet to find out more about, or to buy complementary medicines.

"Finding good information on the internet can be tricky, as there are thousands of websites providing information about complementary medicines—but you need to keep in mind that many of these are designed to sell products, and the information they provide is often not reliable," she says.

"There are also potential pitfalls and risks when it comes to buying complementary medicines online. There's no certainty that something you buy from an overseas website has been manufactured to Australian standards, and even a product with the same brand name as an Australian product may have completely different active ingredients. Essentially, if it seems too good to be true, it probably is."

Further reading

To read more about using complementary medicines, go to www.nps.org.au/using-complementary-medicines

For more information about how medicines are approved for sale in Australia, visit www.nps.org.au/topics/how-to-be-medicinewise/regulation-clinical-trials/tga-approval

For more information on the Government rules for complementary medicines sold

in Australia, see the Therapeutic Goods Administration's web page on The regulation of complementary medicines in Australia – an overview.

Telephone services

For more information on prescription, over-the-counter and complementary medicines (herbal, 'natural', vitamins and minerals) from a health professional, including questions about side effects and medicine interactions, call NPS Medicines Line on **1300 MEDICINE (1300 633 424)**. Hours of operation are Monday-Friday 9am-5pm AEST (excluding public holidays).

If you experience a significant side effect relating to your medicines, it's important to contact your health professional. You are also able to report this to the Therapeutic Goods Administration via the NPS Adverse Medicine Events Line on **1300 134 237**.

Media enquiries

Stephanie Childs on 0419 618 365, (02) 8217 9249 or schilds@nps.org.au

Elisabeth Bowdler on (02) 8217 8667 or ebowdler@nps.org.au



Independent, evidence-based and not-for-profit, NPS MedicineWise enables better decisions about medicines and medical tests. We receive funding from the Australian Government Department of Health.

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palliAGED nurse

palliAGEDnurse is an app that helps nurses care for older people who have a disease or illness that cannot be cured or who are becoming frail. A palliative approach to care supports quality of life by planning and addressing needs as they arise. It covers:

- Understanding the Palliative Approach Framework
- Advance Care Planning
- Palliative Care Case Conference
- Terminal Care Planning

The palliative approach to care promotes safe and quality care that can reduce distress and manage pain and other symptoms in a timely way. The app can be used by all nurses regardless of the setting in which they practice.

palliAGEDnurse was designed and developed following a review of available digital resources for palliative care and aged care, which revealed a limited number of existing tools to support nurses in providing palliative care. The content is based on materials developed for the Decision Assist aged care workshops and learning modules. All content was reviewed by the palliAGEDnurse Review Group and the Guidance and Technological Innovation (GATI) Advisory Group.

An online-offline capacity means nurses can use the app anywhere in Australia. As the app is web-based, it can be updated as new evidence and resources are released. If more help is needed, clicking on the Phone Advisory Number (1300 668 908) will dial the Decision Assist telephone service connecting the user to a palliative care professional.

The palliAGEDnurse app can be downloaded from iTunes and Play online app stores. Nurses without a smartphone or who prefer to use web resources, can view the content at <http://apps.caresearch.com.au/palliAGEDNurse/Home>.

The app is one of a suite of free resources for GPs and Nurses on palliative care and advance care planning developed by Decision Assist. You can find out more about palliAGEDnurse and about Decision Assist at www.decisionassist.org.au



Gayle Woodford (1959 –2016)

RAN Fregon Clinic Gayle Woodford was tragically taken from us on 24 March 2016. Gayle worked as a remote area nurse for Nganampa Health Council for almost five years during which time she made a great contribution to indigenous health on the APY Lands.

She selflessly dedicated herself to serving others throughout her nursing career and nursing in general and the APY Lands has lost a great nurse and a good friend.

Gayle was a dedicated remote area nurse, a fantastic work colleague, a true friend, a loving wife and mother, an active community member and a shining light, who was loved by all who worked with her or who knew her.

Gayle demonstrated a high standard of clinical skills and professional knowledge, and a deep personal connection to all the communities she worked in and all the clients she worked with.

She worked throughout many parts of Australia – Tweed Heads and Murwillumbah in NSW, Mt Isa and Townsville in QLD, Yorke Peninsula – Minlaton, Ardrossan. Kadina and Yorketown, Leigh Creek and the APY Lands in SA.

Gayle was liked by all, always confident, efficient, calm and patient with everyone but also fun with a great sense of humour and smile that lit up all of those around her.

She worked well with the other members of the clinic team within Fregon and with her colleagues from other clinics. She was not only a great clinical nurse but was also a great Diabetes Educator.▶▶



Gayle (centre) with BC and TG.

» She loved nothing better than to learn something new and was always keen to sign up for courses and attend training on her weekends off.

Gayle was also a great gardener and she turned her small block of red dirt into a real oasis of green in the desert. She inspired many of us to try our hands at creating a garden on the APY Lands. She had many other skills that she seldom spoke about such as dressmaking, playing the piano, leatherwork and woodwork and she was a great cook.

I can assure you that Gayle will not be forgotten by those who knew and loved her.

I can assure you that Gayle will not be forgotten by those who knew and loved her. We will remember her smile, the laughter and jokes we shared, the great food we ate together, the stories she told us, the lessons we learnt, and the country we travelled through together.

Gayle is survived by her husband Keith (Woody) and her children Alison, Gary, her mother Beth and sisters Wendy, Andrea and brother Darren and their families. ●



Four Candles

The first candle represents our grief.

The pain of losing you is intense.

It reminds us of the depth of our love for you.

This second candle represents our courage.

To confront our sorrow,

To comfort each other,

To change our lives.

This third candle we light in your memory.

For the times we laughed,

The times we cried,

The times we were angry with each other,

The silly things you did,

The caring and joy you gave us.

This fourth candle we light for our love.

We light this candle that your light will always shine.

As we continue on without you we share this day of remembrance with your Nganampa family and APY friends.

We cherish the special place in our hearts that will always be reserved for you.

We thank you for the gift your living brought to each of us.

We love you.

We remember you.

Unknown Author



AIDA 2016

A journey of strength and resilience
Cairns 15-17 September

AIDA 2016 is AIDA's annual networking and professional development event, which will be held at the Shangri-La, the Marina in Cairns.

Keynote speakers include Mr Stan Grant, Mr Mick Gooda, Mr Cleveland Fagan, and Dr Chelsea Bond.

Registrations open soon

Registrations will open in mid-June, so be sure to meet the early-bird deadline to receive a discounted conference registration.

Sponsorship

Our sponsorship prospectus has been shared with our stakeholders and is available on our website. As well as options of Platinum, Gold, Silver and Bronze, sponsors can support an AIDA student or Junior Medical Officer to attend. We encourage you to share the prospectus with your networks and help us achieve our sponsorship goals.

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.



Registrations open mid-June at
aida.org.au/AIDA2016



Australian Indigenous Doctors' Association

Closing date:
Friday 12 August 2016



Do you want to make a difference in Australian Indigenous Health?

Rowan Nicks Russell Drysdale Fellowship in Australian Indigenous Health and Welfare 2017

This Fellowship awards up to \$60,000 (negotiable depending on qualifications and/or experience) for a 12 month period. It is designed to support individuals wanting to make a contribution in the area of Australian Indigenous Health and Welfare. The Fellowship particularly aims to support workers and the development of future leaders in Australian Indigenous Health and Welfare.

Australian Indigenous people are strongly encouraged to apply.

The Fellowships could take the form of:

- A salary for a 12 month period, whilst undertaking a program, at a level commensurate with the Fellow's experience and qualification OR
- A stipend and payment of course fees to undertake approved education or research

The Fellowship is open to Australian citizens or permanent residents who have appropriate prior experience and/or education and wish to:

- Undertake approved programs/activities OR
- Undertake further education OR
- Undertake a research project



For further information about the Fellowship and for application forms, visit the website:
<http://sydney.edu.au/medicine/scholarships/indigenous/index.php#rowan>
or contact Louise Lawler, Sydney Medical School, University of Sydney
on 0418 251 864 or at louise.lawler@sydney.edu.au