

issue 112 | summer/wet season 2018

CRANA^{plus} magazine

the voice of remote health

RRP: \$10.00

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



support	62
educate	76
professional	88
connect	100
international	120



**CRANA
RURAL
NURSING**

Heartbeat to a healthy country town

Are you a nurse working in a small country hospital or aged care service?

Inaugural Rural Nursing Symposium

28th February 2019, Canberra ACT

This 1 day forum for motivated and engaged nurses, leaders, clinicians and academics will discuss key issues that face rural nursing now and into the future.

Speakers include Emeritus Professor Paul Worley - National Rural Health Commissioner and Professor Debra Thoms - Commonwealth Chief Nurse & Midwifery Officer.

Register today to help shape the future of nursing in rural Australia.

<http://bit.ly/rural-nursing>

from the editor

At CRANAplus we're determined you should have entertaining reading over the summer, and lots of it. Therefore, we have sourced stories and articles to inform, inspire and give pause for thought about the fortunate life many of us enjoy in Australia.

Our cover is Flying Officer Mahatia Minniecon, who talks about her career path as a Nurse with the RAAF.

Meet the new CRANAplus family members: Board member Vanessa De Landelles and Amelia Druhan who is based in Canberra in a new role of Policy and Stakeholder Engagement.

Our Conference, as in other years, did not disappoint and we have photos of award winners, keynotes and day-to-day happenings to share. The International theme offered a range of compelling presentations from across the globe. We have an abridged version of the sobering insights given by ICRC member Aslaug Arnoldsdottir, who spoke about health during time of war.

Among other contributions are the results of the Rural and Remote Survey members completed recently and latest industry news from stakeholders. Members share their experiences of working remote, among them a past Director of CRANAplus, Nigel Jefford, who as he moves towards semi-retirement, reflects on his varied health career.

The team at CRANAplus Bush Support Services offers advice about building resilience, insights into the tricky business of work/life balance, cultivating civility in the workplace and ideas on how to relax and re-centre yourself. Their insightful articles resonate with many of you and we regularly receive requests to reproduce them for use in organisational newsletters and in-house notice boards.

We hear from Martin, whose determination, and the lengths he employed travelling to attend a REC course recently, serve as a cautionary tale for all of us who are tempted by the idea of a short-cut!

See page 93 for details of the Professional Development Scholarships offered by the Country Womens' Association of Australia, in association with the National Rural Health Alliance and CRANAplus.

Applications open 1 January 2019.

Not sure what to get someone for Christmas? Have you considered CRANAplus membership as a gift? It's perfect for a colleague, as a graduation present or for a student. It offers links to a community of like-minded people, discounts on courses tailored to the demands of remote practice, professional support and much more. A practical gift that will be appreciated. It's the gift that keeps on giving!

Anne-Marie Borchers
Manager Member Services
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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 readership 60,000.

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

About the Cover: Flying Officer Mahatia Minniecon, a Nurse at the Royal Australian Air Force's Richmond Base. Read full article on page 36.



from the ceo



Dear CRANaplus Members and Stakeholders,

Welcome to another bumper filled edition of the CRANaplus Magazine. As I write this welcome note, I'm actually sitting in a little village house in the South of France (No it's not the new CRANaplus office, I'm on a short holiday!) which has got me thinking how quickly we have embraced globalisation. We have opportunities to travel more than ever before and even use our clinical skills, knowledge and experience in other settings across the planet.

This was highlighted recently by some of the fantastic presenters who spoke at the International Rural & Remote Nurses & Midwives Conference, which ran in conjunction with our CRANaplus Conference in Cairns in October. From all the great speakers from all over the world, it was clear that it is not our differences that matter, as it is our similarities that are our greatest strength.

The 36-plus years of collective experiences of CRANaplus and the continued passion of our members, made it clear that we have something to offer our remote health colleagues around the world. As a result the CRANagrin (A global network for Rural, Remote and Isolated nurses) was launched as a platform to promote sharing and collaboration for remote and rural nurses and midwives across the globe.

CRANaplus is proud to be supporting this initiative, the advisory group is made up of rural and remote nurse leaders from not only Australia but also Canada and the USA... with more to come. www.facebook.com/cranagrin

Sharing our collective wisdom and experience isn't new and it is with this intent that we often support others to ensure they can continue to focus on their primary objectives. Together, working as a network we are able to be more effective and targeted in our advocacy.

Similarly, you may notice that CRANaplus is facilitating a symposium for Nurses and Midwives that work in small country hospitals or aged care services in the coming months. We are regularly approached about some of the issues that face these nurses, probably because many remote area nurses (RANs) transition into and out of 'rural' nursing as their personal circumstances change. Unfortunately, a RAN's ability to provide care and their scope of practice dramatically changes once they move into a rural facility.

Once again by leveraging our collective wisdom, CRANaplus is keen to assist these nurses and midwives to work to top of scope and meet their professional needs along with the health needs of their country town consumers.

I'm off to leave a few CRANaplus Magazines at the local village hospital for them to have a look at, it truly is amazing how far and wide this great little mag gets!

Au Revoir

Christopher Cliffe
CEO, CRANaplus



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



The Hon Greg Hunt MP
Minister for Health

Ref No: MC18-019644

7 OCT 2018

Mr Christopher Cliffe
Chief Executive Officer
CRANaplus
PO Box 7410
CAIRNS QLD 4870

Dear Mr Cliffe

Thank you for your letter of 30 August 2018 regarding my announcement to fund the CRANaplus proposal 'Supporting our Carers'.

With the drought affecting rural and remote areas across Australia, it is vitally important that we are supporting the specialist and generalist health workforce to provide mental health services in these communities.

Supporting CRANaplus to train our rural and remote health professionals to deal with psychological trauma and to understand the pathways for treatment and referral will complement other mental health support initiatives being initiated by the Coalition Government in drought affected areas.

The Department of Health will be in contact shortly to discuss and offer funding under the new Commonwealth Standard Grant Agreement.

I would like to take this opportunity to thank you and CRANaplus for your ongoing commitment to supporting the rural, regional and remote health workforce.

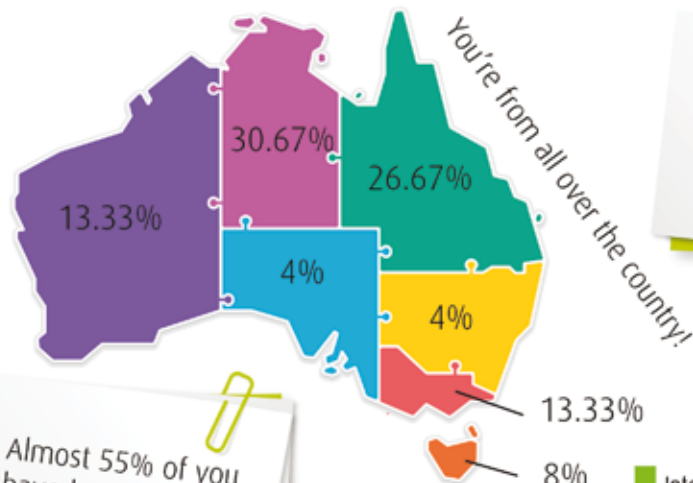
Yours sincerely

Greg Hunt

Parliament House, Canberra ACT 2600

Telephone (02) 6277 7220

CRANApplus Remote Health Survey 2018



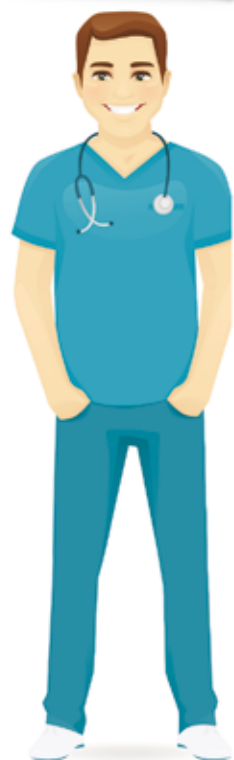
67% are employed full time or permanent part time.

Nearly half (48%) said that between 75-100% of the care they provide is for Aboriginal and/or Torres Strait Islander people

Almost 55% of you have been working remote or rural for 10+ years

Workplace conditions that are extremely important to you

Internet/email access	71%	General employment conditions	40%
Education/skill maintenance	69%	Access to quality, affordable food	39%
On call partner	64%	On-call demands	36%
Internet/email access in your accommodation	61%	Day-to-day workload	31%
Clinical support/referral	47%	Access and egress into community	27%
Accommodation	44%	Remuneration	27%
		Fatigue management	41%



Just over 40% of you feel that people in your workplace do not receive a comprehensive orientation that meets their needs



When asked if your workplace encourages your input into changes and/or quality improvement programs over 40% of you responded with 'Infrequently' or 'Never'.



61% of you receive good workplace support to undertake continuing professional development activities. Alarming, however, nearly 15% of you said this 'never' happens.

How do you feel about the support and services provided by CRANApplus?



Nearly 80% of you indicated that CRANApplus courses meet the education needs of the remote area workforce



About 2/3 feel that the locations of our courses are accessible for them



More than 90% know that Bush Support Services 24/7 free telephone support service is offered to them and their family. And just under 50% have either used the service themselves or referred someone else

engage

It's time to act

Asylum seekers, health care in conflict zones, communities in need, and the aged care sector. At this moment in history, we are hearing fervent calls to action from a number of quarters – around Australia and around the world – to stand up for the less advantaged and marginalised in society. Whatever the cause and wherever they are, as health care providers, I believe we must step forward.

At our recent conference, keynote speaker Aslaug Arnoldsdottir raised our consciousness in her presentation 'Health Care in Conflict'. Aslaug, who also works with the ICRC, helped us see that delivering health care in difficult locations, in zones of conflict, is a world-wide problem to be addressed. To hear evidence that access to health care is used as a supplementary weapon must not be allowed to pass protest, and every health professional must take a stand.

This is unacceptable. Write to ICRC to add your support in protest.

Closer to home, we are witnessing a growing concern about the health and well-being of the children on Nauru. As health care professionals we should not tolerate that situation. People seeking asylum should have access to high quality health care and Australia is under the spot light about this situation.

In the last few months we acknowledged the participants in the Invictus Games and we take inspiration and courage from them. We have also acknowledged the response to the Royal Commission into Institutional Responses to Child Sexual Abuse. Amazingly we are beginning to see PTSD as a very public statement. Imagine the effect of PTSD in children who have spent years in detention, and the personal impact of that in the next 10 years. Please do not accept that children should be exposed to the psychological impacts of a marginalised existence.



If these children are to grow and develop and indeed be potential future care givers in society it is an important position to consider in the name of human decency.



Also on our radar is the Royal Commission into Aged Care. The Commission needs to be looking at not only the act of care but the art of caring for our ageing population. Not only do we need to ensure the health care providers in the field are capable of providing support for the physical needs of those in care, there is resounding evidence that a higher degree of emotional intelligence in the art of caring is needed in order to deliver quality care in the aged care sector. In this lower-paid health sector we are at risk of employing people who do not necessarily have that capability and maturity.

The Royal Commission needs to examine and make recommendations about the education and professional development of those delivering care in this environment.

We heard at the conference about the importance of nurses taking their place at the heart of tackling 21st century health challenges. Through the current global campaign *Nursing Now*, the World Health Organisation aims to empower nursing worldwide.

It's part of the movement we are witnessing in our communities nationally and globally. As health professionals we are very much at the forefront of witness and advocacy.

It's about speaking out, acting now.

Paul Stephenson
Chair, CRANaplus Board of Directors ●

safety first says Vanessa



Safety for nurses and the best quality health care for all Australians are on the list of priorities for new CRANaplus Board member Registered Nurse Vanessa De Landelles.

These two issues, affecting people living and working in remote parts of the

country, are dear to the heart for Vanessa, born and raised in Central West Queensland.

For the past eight years Vanessa has been employed with Queensland Health as the Director of Nursing in Windorah Primary Health Centre. Windorah in the remote South West Queensland Channel Country, is 1200 kilometres west of Brisbane and 400 kilometres east of Birdsville.

Vanessa is also a delegate for the Queensland Nurses and Midwives Union and an active member of their Rural and Remote Reference Group, which gives strong focus to safety.

"I am honoured and proud to have been selected as an Indigenous Director of CRANaplus," she says. "I believe in equality for all staff regardless of their location of employment. As a Board member I will work to ensure remote and isolated nurses have a voice, to have access to training and to have a voice on safety issues.

"All Australians regardless are entitled to access to the same good health care, no matter where they live."

"All Australians regardless are entitled to access to the same good health care, no matter where they live."

Telehealth and the Internet have improved the situation for those in remote locations, Vanessa points out. "Telehealth is forging ahead, allowing patients to speak directly to their specialist, such as the endocrinologist or dermatologist, and further education for nurses has started to become more accessible through the Internet. I'd like to see these advances progress further." ●



Board of Directors: back row (left-right) Dr Nick Williams, John Ryan, Paul Stephenson (Chair) and John Wright; front row (left to right) Fiona Wake, Claire Boardman, Lyn Byers and Belinda Gibb.

we have friends in parliament

Amelia Druhan has hit the ground running since she took on the job of Policy and Stakeholder Coordinator at CRANaplus in October. In her first three weeks she'd already attended functions in Canberra – helping to raise the profile of remote health workers to Federal polities and bureaucrats alike.

She's determined to press the point that remote health work is unique – due to the comprehensiveness of the work, the isolation of the locations, and the breadth of people they serve and work with.

Open communication is the key to Amelia's plans to be a successful conduit between Canberra and remote health workers.

Open communication is the key to Amelia's plans to be a successful conduit between Canberra and remote health workers. She's already shared her contact details with CRANaplus members and has plans for focus groups to tap into the advice, knowledge and authority of remote health workers.

"CRANaplus is a grassroots organisation and it's the members who are the experts," she says. "They are always the best placed people to know what is broken, what needs fixing and the best ways to do that."

"CRANaplus is a grassroots organisation and it's the members who are the experts..."

Amelia believes it's crucial for her to be based in Canberra, the starting point for

so many decisions about what happens across the country.

"A lot of people are cynical about what happens in Canberra, and who can blame them considering recent events, but I'd like to say to CRANaplus members that we do have friends in parliament across the political divide, people who understand the Bush."



Amelia ticks all the boxes for her new role at CRANaplus. A former high school teacher, she became involved in advocacy and policy work while working on a national education project a number of years ago, learning how to get the attention and support of politicians.

"A lot of people are cynical about what happens in Canberra, and who can blame them considering recent events, but I'd like say to CRANaplus members that we do have friends in parliament across the political divide, people who understand the Bush."

Amelia then trained as a midwife, realising this was something she had always wanted to do. This move also cemented her interest in rural and remote health and, more recently, she's become involved as a facilitator of CRANaplus midwifery courses.

Amelia's email is: amelia@crana.org.au ●

a thank you to Australia's dedicated remote health professionals



Working in our nation's remote areas can be testing for our dedicated health workforce. It presents unique challenges and it's not for everyone.

Facilities can be limited, the population sparse and the distances vast. The climate can be harsh and – most notably at this time of the

year – it can be particularly difficult to be away from loved ones.

But what you do every day helps sustain the heart of our nation.

Nurses, midwives, doctors, aged care workers and the wide range of health professionals are the backbone of our health system.

You support us through virtually every major health-related step in our life journey, and play critical roles in maintaining safe, high-quality care within the health and aged care systems.



In remote communities, your integral role in providing comprehensive primary health care can at times be a matter of life or death.

As the year draws to a close, I want to thank all the nurses, midwives, care workers and health professionals in regional, remote and rural communities for your hard work and dedication. This year has been particularly challenging, as many communities battle the ravages of drought.

Without you, many people in remote areas would need to travel long distances for adequate health care. This can be a significant burden and some people simply choose to go without the care they need, sometimes with tragic outcomes.

I want to acknowledge especially, those who are continuing to work over the traditional holiday season.

While most of us can share this time together, I know for many of you that family, friends and celebrations with loved ones can feel a very long way away over the festive season.

Your service and dedication is appreciated by our grateful nation, and the life-changing and lifesaving services you give every day are the ultimate Christmas gifts.

Thank you.

And remember that we are thinking of you and if you are feeling the effects of loneliness, don't suffer in silence. The CRANaplus Bush Support Services Line (1800 805 391) is available 24 hours a day, seven days a week.

Ken Wyatt AM
Minister for Senior Australians and Aged Care
Minister for Indigenous Health ●

Close the Gap for Vision by 2020 National Conference 2019 **Strengthen & Sustain**

Thursday 14 - Friday 15 March 2019
Alice Springs Convention Centre, NT

Indigenous Eye Health (IEH), University of Melbourne and co-host Aboriginal Medical Services Alliance Northern Territory (AMSANT) are pleased to invite you to register for the Close the Gap for Vision by 2020 - National Conference 2019. This conference is also supported by our partners, Vision 2020 Australia, Optometry Australia and Royal Australian and New Zealand College of Ophthalmologists.

The 2019 conference, themed 'Strengthen & Sustain', will explore successes and opportunities to strengthen eye care and initiatives and challenges to sustain progress towards the goal of equitable eye health by 2020.

The diverse program will include plenary speakers, group discussions and presentations as well as upskilling workshops and cultural experiences.

The conference is designed to bring people together and connect people who are working on or interested in improving eye health and care for Aboriginal and Torres Strait Islander Australians.

REGISTRATION NOW OPEN

For registration and further information visit www.iehu.unimelb.edu.au or email Indigenous-EyeHealth@unimelb.edu.au

Abstract Submissions 'Share your story'

Abstracts are welcome on any topic relevant to Aboriginal and Torres Strait Islander eye health.

Abstract Submissions: Deadline for Friday 7 December 2018.

Early Bird Registration: Including workshops, welcome reception and conference dinner is \$200. Early Bird Registration closes 31 December 2018

vicki's farewell shot

Determinants of health like housing and racism are core issues that, if tackled better, could make a difference in remote Indigenous health, says Vicki Gordon, Registered Nurse (NP) and midwife, who is leaving the Northern Territory – and Australia – after 30 years.

Vicki has worked principally in Central Australia but also some years in the Top End. "The first place I lived, Walungurru (Kintore) has a special place in my heart," she says. "The people there taught me so much. Bathhurst Island similarly."

"I've been fairly vocal over the years," says Vicki who worked remote for 18 years, was with CRANA for three years, at the Centre for Remote Health in Alice Springs for four years and has been a public health advocate through AMSANT for the past eight.

A parting shot before she returns to New Zealand (but perhaps not her final word on the matter), has been a letter with recommendations to the NT's Minister for Health.

"Housing is the core of a lot of the issues we are dealing with here," she says. "Rheumatic fever/heart disease, trachoma, scabies, mental health, domestic violence, chest infections, ear infections and difficulties with avoidance relationships as well as the effects of prolonged stress contributing to chronic physical health – to name but a few."

Vicki listed six recommendations: learning from past mistakes; involving community residents in all stages of the process; quality fixtures and fittings; an inspection regime, orientation for incoming workers and a sustainable environmental health system.

She says all this would contribute ultimately to decreasing health system costs in the long term and improved participation in school and work let alone the human rights aspect.

"There have been endless reports, recommendations and consultations over the years: but they haven't been taken on board enough to make the changes necessary," says Vicki.

"I find it difficult to believe its 2018 and we're still talking about it, people are still missing out and/or having their health affected."

Racism is a huge issue, says Vicki. "There's a lot of really inappropriate attitudes with a lack of understanding, and elements of fear involved, as well as a focus on deficits rather than attributes and strengths. I feel strongly that quality contextual orientation is needed. This goes across all areas, health workers, education and everyone coming into communities to work.

Racism is a huge issue... There's a lot of really inappropriate attitudes with a lack of understanding, and elements of fear involved..."

"I fear that this suggestion will never happen, but you have to hope.

"There's a degree of obstruction, and I think that stems from a lack of understanding of the contexts of history," says Vicki, who finds it difficult to be optimistic.

"There appears to be little political will; while the people beaver away don't have the control or the power to make things happen."

Vicki recognises that, while returning to NZ, she will not be able to help herself from keeping up to date with developments in the NT. Who knows: perhaps her recommendations to the Health Minister will finally be taken on board. ●



CRANaplus after hours' aged care project

The CRANaplus After Hours' Aged Care Project in the Atherton Tablelands, funded by the Northern Queensland Primary Health Network, has successfully improved competencies of Residential Aged Care Facility (RACF) staff to deliver comprehensive aged care.

This collaborative project has strengthened existing relationships and referral pathways, facilitated new partnerships and improved links and networking between the RACF and their local GPs, hospitals, pharmacists, after hours' services and the palliative care community in the Tablelands.

Access to after-hour's primary care is a concern that is amplified when facilities are in regional or remote locations. CRANaplus believes that success of after hours' primary care, particularly for vulnerable or at-risk groups, largely depends

on tailored approaches that suit the local context and is reflective of local needs.

This tailored project has provided RACF staff upskilling opportunities during working hours to benefit residents in the management of their after hours' needs. In addition, the project has provided myriad evening education sessions to accommodate attendance by local stakeholders including: GPs; local hospitals; local pharmacists and other after hours' services.

An extensive needs assessment conducted with stakeholders and staff of both Carinya Home Atherton and Blue Care Mareeba informed a collective prioritisation of needs to guide this original 12-month project. In June 2018 project funding was extended to include three new project sites whilst remaining in both Atherton and Mareeba until June 2019.

The three new project sites include Ozcare Port Douglas, Mt Kooyong Nursing Home in Julatten and the Mossman Multipurpose Health Service.

Over 25 education sessions have been individually delivered to each project location, all by local experts in the field, on topics including:

- Acute Hospital Emergencies (Part I and II)
- Advance Care Planning
- Advances in Aged Care Technology
- Culture and End of Life
- Culture and Dementia
- Dementia and Delirium
- Dental Hygiene – including two on-site visits from Project Outback Dental to Atherton and soon Port Douglas to consult and treat residents on site
- Diet – hydration, weight loss and constipation
- Falls Prevention
- Healthy Ageing: Drugs, Delirium and Acute Presentations in RACFs

- Hospital Discharge to RACFs (with Working Groups formed in Atherton and Mareeba)
- LGBTI Inclusivity Training Workshop
- Palliative Care
- Palliative Pain Management
- Purposeful Small Talk
- Working in cross-cultural teams
- Wound Care and Complex Wound Care (Part II)

CRANaplus strongly believes there is an increased need for a flexible residential aged care workforce that is appropriately trained to provide high-quality care.

CRANaplus recognises that the aged care user cohort is becoming more diverse and these changes are placing increasing pressure on the workforce to have the specialised skills required to meet the increasing service needs. In response to this, the project developed a free eLearning resource addressing Diversity in Aged Care. ●



Photo: Donna Lamb.



www.crana.org.au/education/courses/eremote

remote safety into 2019

A session along speed-dating lines at a recent NT conference has provided CRANaplus Remote Safety and Security Educator Brenda Birch with invaluable information to take training in remote safety and security into 2019.

The 13th NT Quality Collaborative with the conference theme of 'Real People – Real Issues – Real Solutions' made possible by 'Really Great Leaders' lived up to its name, says Brenda.

Organised by the Aboriginal Medical Services Alliance NT (AMSANT) with the support of the Commonwealth and Northern Territory Government, the aim was to bring together primary health clinicians, staff and managers working in Aboriginal Primary Health Care across the Northern Territory. The focus was on improving the systems that support good quality healthcare for Aboriginal people in the Northern Territory.

"Together, participants openly shared stories and their experiences of delivering high quality care to their communities," says Brenda.

"Information and knowledge flowed like streams into a waterfall of listening and learning from colleagues sharing their knowledge.

"It was an awe-inspiring event with a fabulous group of people!"

"It was a really engaging forum, providing robust and deep conversations," says Brenda, "creating empowerment and enabling people to share their knowledge and talk about what everyone is doing."

Brenda, as CRANaplus Remote Safety and Security Educator was particularly impressed with the tabletop session.



"This is a bit like speed dating," she said. "It gave various organisations the chance to talk to a table of 10 people about a program or project they were doing and discuss their idea for 15 minutes – before moving to the next table of 10 listeners to repeat the process.

"The key things we wanted to get from this session were the enablers and the barriers around people in the NT accessing high quality training for safety and security," says Brenda.

"We embraced the opportunity to have genuine consultation in the innovative tabletop session exploring the issue of work-related violence and the current approaches to training," she says. "This will contribute to the broader evaluation of the CRANaplus Safety and Security initiatives for the rural, remote and isolated health workforce.

"We learned that, as with the rest of the country, work related violence is an issue in the NT that needs to be addressed. We learned that the public sector in the NT has strong policies and has many initiatives including its own internal training programs. That's good news. However, outside the public sector in the NT, there was an expressed gap in the provision of training: factors that were thought to contribute included a lack of funding, problems accessing data to drive the need for training, competition from the many professional development requirements and training that workers need to undertake, and lack of awareness of the CRANaplus safety and security initiatives.

"We will now analyse all the information gleaned from the conference to enhance and build on the work of CRANaplus efforts in Safety and Security in 2019."

Brenda acknowledged the leadership of AMSANT's Kerry Copley, Continuous Quality Improvement (CQI) Program Coordinator in the Top End, and Louise Patel, CQI Program Coordinator in Central Australia and the Barkly, instrumental in the conference, and the CQI Steering Committee.

The conference brought together 140 primary health care professionals. The key themes were Child Health and Childhood Anaemia, Care Coordination, Systematic use of Clinical data to Inform and Drive Improvement, and Self-Care for health professionals to support a strong and resilient workforce.

Over the two days of the Collaborative there were multiple sessions to participate in and 66 different presenters. There were also opportunities to network and catch up with friends and colleagues and to participate in some self-care workshops and to get a wonderful head and shoulder massage during the lunch breaks.

If you'd like to know more about the CRANaplus Safety and Security resource or training, please visit the web URL: <https://crana.org.au/resources/safety-security-in-remote-healthcare/> or email brenda@crana.org.au ●





In pregnancy, no amount of alcohol is safe

Give the right advice

Women Want to Know encourages health professionals to discuss alcohol and pregnancy with women.

Free resources including online training are available to help you prevent alcohol exposed pregnancies.

For more information see the Women Want to Know page at www.alcohol.gov.au



Australian Government
Department of Health



Foundation for Alcohol Research & Education

changing nature of war

When armed conflict kills and maims more civilians than soldiers, health communities around the world have an obligation to speak out. That's the message from Aslaug Arnoldsdottir, who works with the International Red Cross Committee. Here is an abridged version of her presentation at our 36th CRANaplus Conference.

Today's wars look quite different from the battlefields of history where most casualties were soldiers and the effect on infrastructure was minimal. City centres and residential areas are the battlefields of our time. Coupled with more lethal weapons.

War has moved into the lives and homes of ordinary people and most people killed or injured in conflict today are civilians. Millions of children have been killed by armed conflict but three times as many are seriously injured or permanently disabled by it.

Current and recent armed conflicts such as those in Syria, Yemen, Iraq, Gaza, Afghanistan and Ukraine have shown the devastating effects on civilians when heavy explosive weapons are used in populated areas.

Health care is fundamental at all times, but especially so in times of war. That is when the need for health care increases with a larger number of patients that are dealing with more complicated health problems than before, even problems that the health care professionals themselves are not familiar with such as extensive weapon related injuries.

The increased burden falls on the health systems at the worst possible moment. In times of war, health systems are fragile and are further debilitated by financial shortages and loss of human resources because doctors and nurses and other health professionals are also among those killed, injured or fleeing during conflict.



Hospitals in war zones are forced to maintain low occupancy rates in order to be able to receive the injured at a short notice and are sometimes forced to neglect regular care of patients or shift them to health centers. This can lead to basic services such as vaccinations and antenatal care being scaled down or stopped altogether. The emphasis is put on emergency services while treatments of conditions that need a more long-term approach like TB, HIV and cancer may not even be available anymore.

The lack of basic services and destruction of health facilities mean that children living with disabilities get little support. In the areas that are worst off, only a small percentage of those children receive adequate rehabilitative care such as the provision of prosthetics and other devices like crutches or wheelchairs. ►►



►► Modern warfare also has catastrophic effects on infrastructure. Unfortunately, not only military targets are bombed; far too often do we hear of damaged hospitals, and disruption of water and electrical supply. Doing so deliberately is illegal.

The impacts of violent conflict on health are often strongly gendered. While men are more likely to be killed or maimed in battle, targeted for assassination or exploited through forced conscription, women and children often bear the brunt of the lasting consequences of war. Rape and other form of sexual violence is common, intended not only to harm, but also to tear apart the very fabric of society. Aside from the social implications, sexual violence causes intense psychological trauma, the spread of sexually transmitted disease, unwanted pregnancies and lasting physical damage.

As health systems collapse, maternal and newborn health indicators often worsen

significantly. In many conflict-affected areas, reproductive health services are almost non-existent, leading to increasing infant and maternal mortality rates.

Vaccination is one of the most cost-effective public health interventions to date, averting an estimated two to three million deaths every year. With the degradation of health services during conflict, vaccination programs become disrupted, leaving young children susceptible to previously rare diseases.

War affects people in profound ways and while it is difficult to predict the long-term impact on those that live in war zones it is likely to have effects that cannot be overestimated.

Mental health problems such as PTSD, anxiety and depression, take a huge toll on communities, and are often low on the list of priorities both for health authorities and aid agencies.

Armed conflicts and other types of unrest create a general state of insecurity that often makes maintaining a minimally functional health care system nearly impossible.

Health facilities are destroyed in conflict, looted or they are inaccessible to the population they are supposed to serve.

In conflict, patients may be attacked, robbed or killed and health workers threatened or kidnapped. Ambulances are frequently delayed or are the targets of attacks or hijackings; this limits the effectiveness of referral systems. Policies or laws may be enacted to criminalise or restrict the provision of health care offered to those opposing the State, putting health care workers in an impossible situation.

The consequences are extensive: The delivery of preventive health care such as vaccinations and antenatal care may be disrupted which in turn can have an impact on the wellbeing of the population in the future. Violence against health care in conflict zones has reached epidemic proportions and ultimately hinders the provision of, and access to, health care in regions where it is desperately needed.

Health care professionals play an important role in minimising the adverse consequences of conflict, sometimes at a great personal cost. Violence against health-care workers and facilities in conflict areas is on the rise and is a humanitarian issue with widespread and long-term effects.

Who carry out these attacks? It's armed forces, armed groups, even governments. And to be clear, it is not always collateral damage. It can be systematic, planned, deliberate and it is always illegal. What we are witnessing is a sustained assault on, and massive disregard for, the provision of health care during times of war.

Populations affected by armed conflict, experience severe public health consequences brought on by population displacement, food scarcity, and the collapse of basic health services. This often gives rise to complex humanitarian emergencies where aid agencies like the International Committee of the Red Cross (ICRC) are likely to offer assistance. The ICRC is an independent, neutral organisation and its mandate stems essentially from the Geneva Conventions from 1949 and its additional protocols.

Continued on page 130 ►►



CRANApplus award winners

Aurora Award

The CRANApplus Aurora Award recognising the Remote Health Professional for 2018 is Monica Frain.

Monica's career in remote health launched following the completion of a Masters in Public Health and Tropical Medicine in the late 1990's. For more than a decade Monica was a Remote Area Nurse in one of Australia's most isolated communities at Kalumbaru, in the East Kimberley of far North, Western Australia.

Monica is held in high esteem by the Elders and Traditional Owners in the Kalumbaru area has been described as a passionate advocate for Aboriginal Health Workers, supporting their studies through the Kimberley Aboriginal Medical Services Councils School of Health Studies.



As the Regional Remote Nurse Manager, Monica was instrumental in developing the capability of her nurse colleagues.

Monica led the introduction of Pharmacotherapeutics for RANs into remote health services in WA. In addition she was the first to recruit nurses into remote practice using the Graduate Certificate in Remote Health Practice in Wyndham.

After moving to Broome, Monica undertook a leadership role within the Population Health Unit, of Western Australian Country Health Service.

During her time Monica has influenced the health outcomes of people across her region by implementing standardised evidence-based practice, including introducing a shared chronic disease records across the Kimberley.

Monica is an active Fellow of CRANApplus and regular contributor to conferences. Monica strongly 'lobbied' for CRANApplus to bring our last Conference to Broome and also Perth in 2010, both times actively seeking people and financial support to ensure it was a success.

Monica is admired by her colleagues and is considered a leader in remote health practice through her commitment to continuously improving the skills of the remote health workforce.

Monica has a clear vision and sees health care as a vehicle for 'closing the gap' and works tirelessly with community groups and Aboriginal Community Controlled Health Organisations to ensure Aboriginal voices are heard at the decision-making table.

Monica is known by her peers, colleagues and friends as loyal, hardworking, collaborative, courageous, humble, diligent and the ultimate optimist. Most importantly she is a loving mother and grandmother. ►►

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» Excellence in Remote Health Practice Award

Winner: Natalie Thaiday (pictured right)
Sponsor: Mount Isa Centre for Rural & Remote Health

Natalie is an endorsed enrolled nurse employed by Torres and Cape Hospital and Health Service as an Indigenous Nurse Navigator Support Officer. Natalie works together with the Nurse Navigators and is recognized for her enthusiasm, passion and dedication to the people of the Cape York and Torres Straits. Her peers say 'she is a force to be reckon with' in her position, and a role model ensuring the success of the service. Natalie has contributed to reducing the number of 'no shows' episodes and discharges against medical advice, as well as improving health literacy for Torres and Cape Hospital and Health Service clients attending Cairns base appointments.



Outstanding Novice/Encouragement Award

Winner: Desi Aji
Sponsor: Aussiewide Economy Transport

Desi Aji is a Remote Area Nurse employed since 2016 at the Billiluna Health Clinic at the East Kimberley Aboriginal Medical Services.

Desi is seen as a driving force as well as an excellent clinician and communicator, well respected by the community, and known for her enthusiasm and commitment to remote and isolated health.

Through Desi's quiet confidence and competent approach, she has been instrumental in arranging and completing many adult health checks which resulted in identifying a large cohort of women with sexual health needs. By the end of 2017 Desi had achieved 100% compliance for attendance and treatment.

This is only one example of her influential nature and the quality of primary health care delivered by Desi. Her peers describe Desi as a warm, highly motivated, and supportive colleague, and is seen as a future leader and advocate in the field of remote nursing.

Excellence in Education or Research in Remote Health Award

Winner: Torres and Cape Nursing and Midwifery Education Team (pictured left)
Sponsor: Centre for Remote Health

Congratulations to the Torres and Cape Education Team, they are known for having a passion for living and working within remote areas, working tirelessly with all health professionals, educating and setting the standard for excellence in remote area practice.

They are strong drivers, fostering engagement with the indigenous communities with the overall goal of 'closing the gap' and empowerment of local staff members.



Excellence in Mentoring Award

Winner: Josh Stafford (pictured above with RAHC representatives Fiona Hildebrand and Lisa Breakwell)
Sponsor: Remote Area Health Corps (RAHC)

Josh Stafford is the Director of Nursing at the Lockhart River and Coen Primary Health Care Centre. Josh has worked in Cape York the past 10 years as a Remote Area Nurse and now a Director of Nursing. He is a committed RAN and is dedicated to improving the health outcomes of the communities in North Queensland.

His peers describe him as being an excellent, kind and engaging clinician in remote practice and a very capable and caring manager.

With this expertise, Josh shows excellence in mentoring for the development of remote nurses. He is currently involved in a program which supports the introduction of 'early career nurses' into remote primary health care centres, as well as being supportive to all members of his staff. Josh has been described as an ambassador to the vital and continuing development of the remote nursing workforce. »

» Collaborative Team Award

Winner: Nurse Navigator Team (pictured below)
Sponsor: Bellette Web Design

Congratulations to the Nurse Navigator Teams located in Cairns, Thursday Island, Weipa and Cooktown, this team is comprised of nurses,

midwives and indigenous support officers who are all very experienced in remote health.

The Nurse Navigation team is dedicated to improving the health outcomes for Far North Queensland remote communities. This innovative new service, in its first year or so of

operation, reported an outstanding achievement whereby more than 900 people from the Torres and Cape York had received their support.

The aim of the Nurse Navigator team is to facilitate the health care journey for complex patients to improve their health outcomes in

both the short and long term. Four key principles drive the practice of this service:

- Coordinating person centered care
- Creating partnerships
- Supporting individuals through a regularly fragmented health care journey
- Facilitating system improvements. »



» The Gayle Woodford Inaugural Oration and Award Ceremony

The Gayle Woodford Inaugural Oration and Award Ceremony was held on the Mezzanine level of the Pullman Cairns International.

Adjunct Professor Debra Thoms, the Commonwealth Chief Nursing & Midwifery Officer gave the Oration. We were joined by members of Gayle's family, her daughter and sisters, who presented Emma Bugden with the Award.

Over 100 delegated attended the function and Fiona Wake gave a moving vocal performance as part of the evening's proceedings. ●



Professional Officer Marcia Hakendorf with the CCNMO Debra Thoms.



Fiona Wake gave a moving performance during the evening.



Emma Bugden, recipient of the Gayle Woodford Memorial Scholarship, with members of Gayle's family, Wendy McDonald, Alison Woodford and Andrea Hanneman.



CCNMO Debra Thoms giving the Inaugural Gayle Woodford Oration.





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CRANApus 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.

the sky's the limit for Mahatia

Flying Officer Mahatia Minniecon, a Nurse at the Royal Australian Air Force's Richmond Base, says her passion for remote health began during childhood.

I was born to an Aboriginal mother, belonging to the Yorta Yorta people, and a Torres Strait

Islander father. I grew up in many places across Australia, but mainly New South Wales and Victoria, where I witnessed a number of health disparities and health inequalities.

Despite always wanting to become a Nurse, I originally chose to study Social Work.

Nursing seemed like an incredibly unachievable goal, and I didn't believe I could get into Nursing.

After studying Social Work, working in Customer Service, and DJ'ing on the side, I finally decided to pursue Nursing.

In 2014, I completed the Australian Defence Force's (ADF) Indigenous Pre-Recruitment Course at HMAS Cerberus on Melbourne's Mornington Peninsula.

Then, in 2015, I was accepted into the Air Force's Undergraduate Program as a Nursing Officer.

I obtained my Bachelor of Nursing through the Institute of Koori Education at Deakin University, whilst also working part-time at Monash Medical Centre, in Clayton, Victoria.

Upon completion, I was posted to the Health Centre at RAAF Base Richmond, in New South Wales, where I have now been for nearly two years.

At the Health Centre, I attend to the primary healthcare needs of ADF personnel, as well as other tasks that I would not typically get the chance to do in a civilian health setting, including audio evaluations, vaccinations and mental health and rehabilitation services.

I've also been completing my Master in Infectious Disease Intelligence and International Health at the University of New South Wales, with the ADF providing some financial assistance and study leave to help me out along the way.

My nursing career in the Air Force has been mentally stimulating. It has also been a great job for staying active and healthy. I recently had the opportunity to mentor some talented female AFL players from the Tiwi Islands who travelled to Victoria to participate in ADF Australian Rules Women's Indigenous team. I mentored the team to a Grand Final.

As a Nurse in the Air Force, I have been challenged in many different environments – clinically, professionally and personally – which has given me a broad range of experience and knowledge. I'm incredibly grateful to have been provided with opportunities to grow and develop as a person, a manager and a health professional. I definitely would recommend an ADF career to others.

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a health life



By Nigel Jefford
from Somewhere
on the Murray

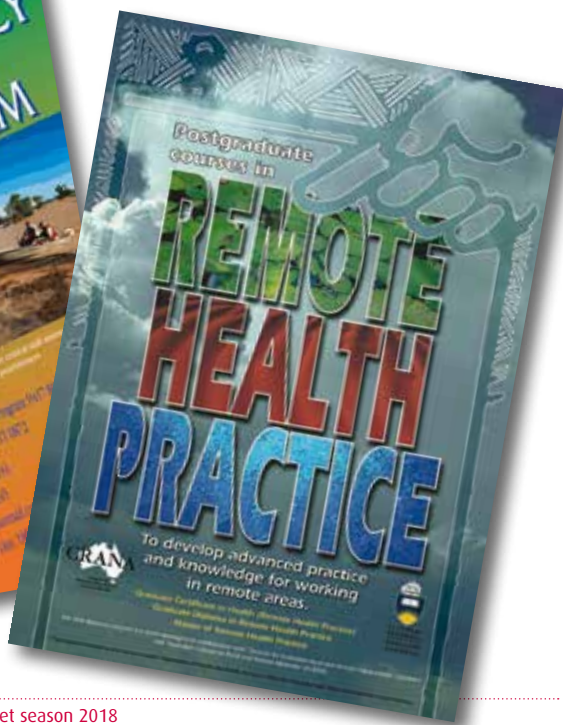
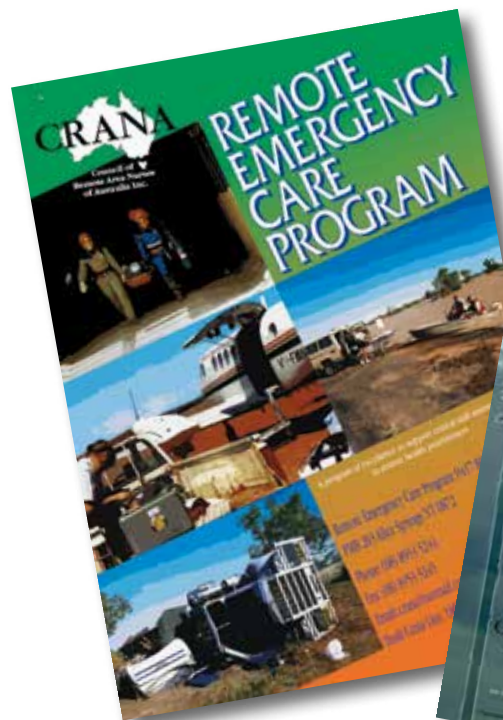
From city to remote island life, from the Riverland to the Outback: nursing has taken Nigel Jefford to wondrous places (and out of his comfort zone) since he emigrated as a

Registered Nurse from England in 1979. Here he reflects on his career as semi-retirement beckons.

When Nigel Jefford joined CRANaplus as the organisation's Executive Officer in Alice Springs in June 1997 (picture above), he'd already

sampled nursing life in Queensland at the Royal Children's in Brisbane and worked in the Riverland town of Berri in South Australia.

His appointment was a return to the Red Centre where he'd previously worked and lived with children who had multiple disabilities, spent four years at the Alice Springs Hospital's A&E department, Intensive Care, Mental Health and Paediatrics, then travelled to the really remote communities of Ti-Tree, Fitzroy Crossing and Kalumbaru. During that first spell in the Northern Territory, Nigel also took a break from nursing. "Re-photographing every image taken by Professor Ted for the Strehlow Research Centre, really cemented in me the integral connection to land held by Aboriginal people and the respect I maintain to this day," he says. "The privilege of doing that work archiving Strehlow's entire visual ethnographic collection of glass plates, black and white and colour prints and over 5000 colour slides cannot be underestimated." ▶▶



► Nigel says his time with CRANaplus was “four years of frenetic activity and above all successes – due in no small part to a band of supportive RANs, CRANaplus Boards and collaboration with the Commonwealth. Many of the programs initiated in that period, or their offspring, are still in place today; Bush Crisis Line, Remote Emergency Care, Cert. in Remote Health Practice and the CRANaplus Procedures Manual. This period also gave me a deep appreciation of the work of the National Rural Health Alliance.”

Then followed yet another new State. Nigel moved to aged and community services in Margaret River in WA and, for seven years, participated in the development of improved aged care facilities.

Nigel says his time with CRANaplus was “four years of frenetic activity and above all successes – due in no small part to a band of supportive RANs, CRANaplus Boards and collaboration with the Commonwealth.”

The next move was offshore – to the Indian Ocean Territories Health Service, based on Christmas Island. “This was a tumultuous time,” says Nigel, “given the ongoing arrival of boats and people desperate enough to seek a better life by getting on those vessels. Complex, all consuming, political and messy,” he says. “A time, however, richly enhanced by the people on those islands: those of Chinese and Malay heritage whose friendliness the embodiment of multi-cultural cohesion and of course the expat community, ever on rotation.”

Nigel spent the past eight years on Kangaroo Island: classified remote. “This, of course, initially raised my eyebrow given the proximity,



notwithstanding the ‘water gap’, of Adelaide,” he says. “Great health service with terrific staff supported by GP’s, Pharmacy and the SA Ambulance service,” he comments. “And of course, a passionate community determined to maintain services, despite the ongoing emphasis within corporate health on budgets and standards that don’t reflect on-site realities.”

As a clinician in remote practice, Nigel says the high points for him revolved around the work and the people he worked for, whatever their culture, their heritage, their customs and traditions. “The primary low has always been dealing with management, far removed from the reality of the practice setting, and the thankfully minority of fellow workers whose ‘professional’ standards were very definitely not that, and who believed being remote was a justifiable excuse.”

As a clinician for 20 years and a RAN/Manager/ Executive Officer/Director/ Director of Nursing for a similar period, Nigel’s advice on working remote is “go, but go prepared. Those who live in remote communities deserve the best that you can be.”

“The depth and breadth of the remote experience cannot be underestimated,” he says, “as indeed are the requirements that you go with a ‘both ways learning’ attitude, a willingness to be taught, a skill set that is significant and a commitment to serve the community you live and work in, reflective of their needs.

“It’s the most difficult, frustrating and demanding job ever: but also the best!” ●



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Southern Queensland Rural Health (SQRH) is Queensland’s newest University Department of Rural Health, with two main training sites in Toowoomba and Charleville.

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easing the burden and giving back time to hard-working nurses

Yorketown Hospital is an acute service provider offering inpatient and outpatient services as well as emergency presentations.

We provide operating services for visiting specialists and consulting specialists, including:

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- orthopaedics
- podiatry.

Yorketown Hospital is located on the Yorke Peninsula. Yorketown is approximately three hours' drive from Adelaide, SA.

We are a short drive away from both coasts of the Peninsula with ample locations for boating, fishing and camping.

Our community has a diverse and fluctuating population. Yorketown is a small service town for a farming community which transforms to a busy supply centre during holiday season.

There is also a shipping industry for grain transport and local mining businesses.

Our patients come from a variety of backgrounds. We treat patients with chronic illnesses, age-related diagnoses and acute and accidental leisure and sporting injuries.

Australian Government-funded Rural Locum Assistance Program (Rural LAP) have really eased the burden with their support.

Our community has a diverse and fluctuating population. Yorketown is a small service town for a farming community which transforms to a busy supply centre during holiday season.

We are able to get a locum nurse to cover our staff members that need to take annual leave or upskill and attend a training course.

We have found the Rural LAP booking process exceptionally simple and well communicated.

Registrations are made online and responded to promptly via email. No commission or fees are payable. We have utilised Rural LAP for approximately six years, as it was promoted as supplier of choice by Country Health South Australia.

Generally, we require locum support for annual leave but the program has also been used to ensure all staff are upskilled, particularly for courses which require all staff attendance.

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

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

Rural LAP locum, Liam Correy, was well received by the nursing and medical team. Liam brought with him a vast amount of experience suited to our rural environment.

We made sure we supported him by rostering him on with our experienced permanent enrolled nurses.

We believe Liam enjoyed himself as he was happy to return for his second placement. We would definitely use Rural LAP again into the future and I would definitely recommend the program to others.

Tanya Gutsche is the Associate Clinical Services Coordinator for Yorketown Hospital, SA responsible for direct patient care, rostering and relief for the Clinical Services Coordinator. ●



For more information visit www.rurallap.com.au



our dream job! remote nursing with YNA in the Northern Territory

Flying out of Adelaide to Darwin. Sitting on the plane the two of us kept looking at each other as if we knew each other. Curiosity got the better of me (Lynette) and I asked, "Are you going to Wadeye?" Cue Liz's excited reply "Yes!" and we chatted throughout the rest of the plane trip like we were old friends.

The flight out to Wadeye from Darwin was amazing. Flying in the small aircraft allowed us to be lower to the ground and the scenery was spectacular. The landing in Wadeye was as smooth as silk, something I didn't expect in a smaller aircraft.

Stepping onto the tarmac at Wadeye the hot, dry heat hits you in the face, as well as the flies.

The drive to the aged care facility was a real eye opener. We had read up on Wadeye and knew the realities and issues that small communities face in terms of unemployment and social issues. Though this was evident, the community was quite beautiful and a lot of care had been given to making the home and community buildings as pleasing as possible in this remote location.

Meeting the elders in aged care was amazing – the most beautiful souls.

Over the next week we learned the routines and duties of looking after the residents and the community clients, which at times was challenging but also very rewarding. We were up for the challenge and being the older ladies

in our team, we needed to be positive and cheerful – that wasn't hard and we were so grateful for YNA for giving us the opportunity to work in Wadeye.

After several weeks some of older women invited Liz and myself out to their healing tree site, which we have come to learn is a huge privilege as this is not something that 'outsiders' or non-traditional member are allowed to do.

On this trip the ladies also took us looking for bush tucker. The ladies found some shell creatures known traditionally as 'Longbums' (long cone shells). The mussel that lives inside the shell is a traditional delicacy, and yes, Liz ate two! She described the texture as 'tough' and 'squid-like, but tasty'. At one point during our outing Liz went to walk on the beach and all the elders started yelling at her to come back because of 'crocodiles in the ocean' – it was a good reminder not to be complacent!

During the community part of our daily duties, Liz and I would often have to go out to peoples' homes and do healthcare checks.

Outsiders are usually not invited into peoples' homes but Liz and I found that after our outing with the older women, we were invited into the homes during our routine duties and even offered cups of tea or cool drinks.

This was very touching to Liz and I as it showed that we had earned the respect and trust of the local people.

After six weeks here, we still love the job and location. The local ladies give us 'white girl' lessons in their native tongue, and our attempts have them in fits of laughter.

The experience has been a highlight for us and we look forward to coming back.

Liz and Lynette
Rural & Remote EENs, YNA ●



a decade of making a difference

The Remote Area Health Corps (RAHC) proudly celebrated its 10th anniversary at events held in Canberra, Darwin and Alice Springs in late October. Guests included politicians, stakeholders and health professionals who have undertaken placements in the Territory.

The first placements under the RAHC programme were in December 2008 when two registered nurses went to Ampilatwatja in the Northern Territory on a 10-day placement. Since then, more than 5,600 placements have been undertaken by 1,100 health professionals representing nearly 500 years of service.

Tanya Brunt, National Manager – RAHC, said, “Over the past decade we have built strong and productive partnerships with our stakeholders and a significant pool of talented health professionals who answered the call

to be part of the effort. RAHC has achieved a very high repeat rate of 80% of urban-based health professionals returning to undertake additional placements and recent research has shown that a significant number of RAHC health professionals have taken the step of joining the permanent workforce in Indigenous communities across Australia following their RAHC experience. ►►

Below (left to right): Dr Hugh Heggie, Chief Health Officer and Executive Director for the Department of Health’s Division of Public Health and Clinical Excellence; Fiona Wake, Safety, Quality & Accreditation Manager, Primary Health Care, NT Top End Health Services and Tanya Brunt, RAHC’s National Manager. Photo taken at Northern Territory’s Legislative Assembly.

Right (left to right): Dr Andrew Boyden, RAHC Health Professional; Pat Anderson AO, RAHC’s Chair and Hon Ken Wyatt AM MP, Minister for Indigenous Health and Minister for Aged Care. Photo taken at Parliament House, Canberra.





► Minister for Indigenous Health, Ken Wyatt AM, said RAHC was combating critical health workforce shortages and delivering life-changing care and support.

“Aside from the satisfaction of giving much-needed treatment and care, the overwhelming message from health professionals involved has been the about value of enduring friendships and the privilege of sharing in First Nations cultures,” Minister Wyatt said.

I look forward to the Remote Area Health Corps continuing to play a significant role in helping to close the gap in health equality for remote First Nations people,” he added.

The RAHC program is currently funded until 30 June 2019. ●

Above (left to right): Dr Andrew Boyden, RAHC Health Professional; Senator Patrick Dodson, Senator for Western Australia; Tanya Brunt, RAHC’s National Manager; Hon Warren Snowdon, Member for Lingiari; Glenn Keys AO, RAHC board member. Photo taken at Parliament House, Canberra.

Editor’s Notes

The Remote Area Health Corps (RAHC) was established in 2008, and is funded by the Australian Government Department of Health under The Indigenous Australians’ Health Programme: Stronger Futures Northern Territory to “address persistent challenges to accessing primary healthcare services for Aboriginal and Torres Strait people in the Northern Territory”.

RAHC recruits, culturally orientates and deploys health professionals to enable the provision of increased primary healthcare services to assist in addressing the shortfall in health service delivery in remote Indigenous NT communities. RAHC’s focus is on recruiting urban-based health professionals. www.rahc.com.au

rewards of agency work



Registered Nurse Kylie is full of praise for the opportunities provided by agency nursing. Here’s her experience.

I have been with Downs Nursing Agency (DNA) for several years, and been give the chance to take on a variety of roles. I’ve completed several contracts, including work in small rural hospitals as the Registered Nurse to my current role as a relieving Director of Nursing.

Through my agency affiliation, I’ve worked alongside learned colleagues in my chosen areas of interest: primary, rural and mental health. I’ve seen, worked and met some of the best and brightest Registered Nurses. Through our shared work experiences, I’ve formed lasting friendships in both city and rural environments.

I’ve grown both personally and professionally through the opportunities to work in these varied and diverse locations offered through DNA. At times I have called up to make sure I was doing okay, and the agency Director Jane Baartz who is also a Registered Nurse, must have been able to tell I was doubting myself. But a laugh and some nurse love and I’m good to go again. I feel supported and know that if I am ever unsure, I can pick up the phone and Jane or one of the DNA team members are there, it’s never any trouble.

I love working for DNA and I love the challenge of agency nursing: new places, new challenges and revisiting old friends in familiar places. ●



Photo: Lisa Crouch.

mates of CRANAplus

CRANAplus' new category of membership describes a relationship of mutual benefit between entities who each support the behaviours, values and activities of the other. 'Mates of CRANAplus' formally acknowledges the links between CRANAplus and these organisations, businesses or consultancies.

Membership as a Mate of CRANAplus will raise your organisational profile through access to wide networks within the remote and isolated health industry. Your logo will be displayed on the CRANAplus website and in this specially designated section of this quarterly magazine,

which enjoys a wide circulation throughout Australia and internationally.

You will also have (conditional) use of the special 'CRANA mates' logo to display your support for the remote and isolated health industry.

To learn more about the benefits afforded Mates of CRANAplus go to our website: <https://crana.org.au/membership/mates-of-cranapplus>



AMRRIC (Animal Management in Rural and Remote Indigenous Communities) is a national not-for-profit charity that uses a One Health approach to coordinate veterinary and education programs in Indigenous communities. Ph: (08) 8948 1768 www.amrric.org



The Australasian College of Health Service Management ('The College') is the peak professional body for health managers in Australasia and brings together health leaders to learn, network and share ideas. Ph: (02) 8753 5100 <https://www.achsm.org.au/>



The **Australian Indigenous HealthInfoNet** is an innovative Internet resource that aims to inform practice and policy in Aboriginal and Torres Strait Islander health by making research and other knowledge readily accessible. In this way, we contribute to 'closing the gap' in health between Aboriginal and Torres Strait Islander people and other Australians. The HealthInfoNet is headed up by Professor Neil Drew. <http://www.healthinfonet.ecu.edu.au>



The **Central Australian Rural Practitioners Association (CARPA)** supports primary health care in remote Indigenous Australia. We develop resources, support education and professional development. We also contribute to the governance of the Remote Primary Health Care Manuals suite. <http://www.carpa.com.au>



Heart Support Australia is the national not-for-profit heart patient support organisation. Through peer support, information and encouragement we help Australians affected by heart conditions achieve excellent health outcomes.



The **Country Women's Association of Australia (CWA)** advances the rights and equity of women, families and communities through advocacy and empowerment, especially for those living in regional, rural and remote Australia. Email: info@cwaa.org.au <https://www.cwaa.org.au/>



HESTA is the industry super fund dedicated to health and community services. Since 1987, HESTA has grown to become the largest super fund dedicated to this industry. Learn more at hesta.com.au



The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research. We are an Aboriginal and Torres Strait Islander organisation working for the health and wellbeing of Australia's First Peoples through high impact quality research, knowledge translation, and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers.



The **National Rural Health Student Network (NRHSN)** represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university Rural Health Clubs from all states and territories. It is Australia's only multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers. <https://www.nrhsn.org.au/>



The Nurses' Memorial Foundation of South Australia Limited. Originally the Royal British Nurses Association (SA Branch from 1901) promotes Nurse Practice, education and wellbeing of Nurses in adversity. It provides AWARDS in recognition of scholastic achievements, GRANTS for nursing research, SCHOLARSHIPS for advancing nursing practice and education, and FINANCIAL ASSISTANCE in times of illness and adversity. <http://nursesmemorialfoundationofsouthaustralia.com>

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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.



The **Australasian Foundation for Plastic Surgery (The Foundation)** is a not-for-profit organisation that supports quality health outcomes for those involved with Plastic Surgery, with a particular focus on rural and remote communities. The Foundation's activities are focused on Innovation, Education and Research to support its Outreach programs. One of the Foundation's cornerstone Outreach programs is to relieve the needs of persons suffering from burns, wounds, trauma, disfigurement, sickness, disease or other medical conditions. This is done by harnessing the philanthropic nature of Specialist Plastic Surgeons to deliver medical care in remote communities. The Foundation also educates workers in remote communities to identify and/or appropriately triage persons in need of specialist medical assistance.
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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.



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support

building resilience in the bush: let's get physical

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

One of the key coping strategies that health professionals who not only survive but thrive working in remote share is a passion for a physical activity. Increasing research is showing the benefits of regular activity, not only for physical health but also for mental health. In this regard, it doesn't seem to matter what the activity is; hiking, walking, running or dancing to name a few, it is the regular engagement in the activity that seems to make the difference in terms of emotional well-being.

Isolation has been shown to be one of the risk factors for decreased physical activity and increased mental health issues.

There are a number of potential barriers to getting physical for some individuals working remote. Extremes of climate, dogs and the lack of like-minded others to egg you on are difficulties that must be overcome. Moreover, when you are feeling stressed or depressed finding the energy to think of creative ways of moving can be a challenge.

The important thing to remember it is not the lack of a local gym that stops you getting physical, it is motivation. Challenging yourself to start moving requires some specific decision-making. Firstly, you must start very slowly, set achievable goals and most importantly make sure you reward yourself for achieving those goals. In this regard, keeping a diary where you log your activity, the amount of time you spend doing it, and critically, changes in your mood will help you track the benefits.

Above: Winning entry in our 2018 Mindfulness Photography Competition – Anne Tournay.



Technology is such a bonus for some people in regard to getting active and especially so in the bush. There are many digital tools available to help get you moving. Research is showing that fitness trackers and apps such as GoogleFit or Nike, just to name two are very motivating for beginner movers especially because they provide data.



They help to track progress, achieve goals and then to move onto set new goals.

Technology is also really helpful for isolated remote health professionals in terms of other ways of moving. Yoga, for example, is a practice that has really embraced technology.

Yoga classes are available via audio recordings, DVDs, apps and on Youtube. They allow access to people who otherwise would not be able to attend yoga classes.

The important thing to remember it is not the lack of a local gym that stops you getting physical, it is motivation.

Working in remote health requires dedication and professionalism. The work itself demands flexibility of thinking and the ability to process new information all the time.

More and more research is showing that a healthy, flexible mind really does need a healthy body. If you would like some more information or support to get you moving contact CRANaplus Bush Support Services on 1800 805 391. ●

a balancing act

**By Christine Martins
Clinical Psychologist
CRANaplus Bush Support Services**

Finding the right balance between life and work isn't about the number of hours you devote to one or the other. It's about establishing a general set of priorities in your life and focus on what is important to you. Focus is the essential element.

When we are busy, and there is so much to do, it is easy to lose sight of what is important. It is also easy to become submerged in the everyday busyness and forget to pause and to take a breath. What happens when we become submerged? We drown. And we all know that feeling, of rushing and never catching up, of becoming so exhausted we lose focus and are overwhelmed and ultimately, are inefficient.

Often it seems as though there are just not enough hours in the day to achieve what needs to be done. And with new technology we are connected through phones or pagers for longer periods.

It can be hard to strike a work-life balance when in a remote community as the lines between home and work are so often blurred. Carrying a pager brings work into private 'down time', and after hour medical interventions intrude into a life outside work. Living in the same community as your patients is an added factor contributing to an imbalance in work versus private life.

Ideally, the aim is to have a balance between life and work which is optimum for a healthy mind and body, and to achieve what is needed in the workplace.

There are many studies (which were initially conducted in the original time and motion industrial movement) demonstrating that people who have regular breaks are able to achieve more tasks. What good news is that... if we rest

more we achieve more! Well to some extent this is true; it is all about striving for a balance between work and a private life.

It is not possible to achieve the impossible. Thinking that if you spend enough time you will 'get everything done' is an illusion. You will never be 'done'. It is best to focus on what can be realistically achieved; indeed, focus on the best thing to be achieved.

We have all read articles or seen discussion material on procrastination, productivity and time management; but that is not the issue.

Those are tips or strategies which can help you be more efficient but in the modern world you are already getting a multitude of 'here's how to do it' ideas thrown at you.

The happiest people are not those who don't have a care in the world. Those people are bored. Those who are happiest are those who work in satisfying jobs, who are busy – but do not feel overwhelmed.

It is not possible to achieve the impossible. Thinking that if you spend enough time you will 'get everything done' is an illusion. You will never be 'done'.

Achieving life balance is an abstract concept, an ideal, but can be difficult to gain. It is not the number of hours you devote to either work or life, but about an equilibrium which fits. And it is a fluid state which shifts as life and events change around us, requiring flexibility and a willingness to monitor the level of equilibrium which is healthiest at that time.

While no one has the answer to how this happy state is best achieved, we can consider a few ways which can help us reach toward achieving a balanced life.

Not all of these strategies may work for you, as what works for one person does not necessarily work for all. Commit to trying a fresh approach and exploring what works best for you.

Achieving life balance is an abstract concept, an ideal, but can be difficult to gain. It is not the number of hours you devote to either work or life, but about an equilibrium which fits.

OK, let's consider a few strategies which people have found to be effective in gaining a more harmonious life-work equilibrium.

Mindfulness

Practice mindfulness and self-reflection. Mindfulness has become a relatively new trend in psychology and the concept has been applied to various facets of day-to-day life, and especially as a useful tactic in achieving a healthy life-work balance.

Mindfulness is a form of meditative practice. It can be described as being in the moment, to paying attention to what is happening at the present. It connects us with the present in such a way that we discover habitual thought patterns and automatic behaviours, so we have a new understanding of these thoughts and behaviours. This allows us to live more in the present rather than ruminating on the past or dwelling on future events.

Commit to trying a fresh approach and exploring what works best for you.

Stretching, yoga, breathing exercises and traditional meditation are all ways to incorporate mindfulness into your daily schedule. ►►



Photo: Bridie Stewart.

» Meditation

Introducing any kind of meditation into your life can result in reduced stress, better attention and concentration and calmer thinking. Research has shown overwhelmingly the value of incorporating meditation practice into a daily life. Benefits have been shown to include lower stress levels, relief from anxiety, depressive symptoms, and insomnia; as well as a calmer outlook and increased energy.

Admit it – you knew prioritising was important and would be raised here, didn't you?

A few minutes a day devoted to meditation as well as practising mindfulness, can deliver a powerful antidote to pressure and stress.

Prioritise

Admit it – you knew prioritising was important and would be raised here, didn't you?

You have to draw a line. You must decide what is important and what isn't. How do you draw that line? By asking yourself one simple question a few times a day. "What's The Most Important Thing For You To Do Right Now?" The main problem people have is they try to do it all and treat everything as important. You can't do it all and everything is not equally important. So how do you determine the most important thing for you to do right now?

You have to draw a line. You must decide what is important and what isn't.

I guess it is similar to applying the principles of triaging to the larger picture. Let's be honest: often you start by doing whatever happens to be in front of you. But proximity does not equal priority.

In his book *The ONE Thing*, Gary Keller applies the 'Pareto principle' to the workday. Keller discusses the benefits of prioritising a single task so focus is achieved. Most of us get 80% of our results from 20% of the work we do. It therefore makes sense to focus effort and attention on that 20%. Do the important things first.

Consider what really creates progress versus treading water? What gives disproportionate results? Do that first and most frequently.

Exercise

Yes, it can be hard to fit exercise into a busy day. But it is well established that fit people (that is, people who exercise at a moderate level for at least half an hour a day at least five days a week) need on average one hour's sleep less per night? And the benefits to be gained from exercise are many. Reduced stress levels and relief from depressive symptoms are among the benefits of regular exercise, as well as maintaining a healthy weight.

It can be tricky finding a form of exercise when in a remote setting (community dogs can harass walkers and bike riders) and there is a noticeable absence of gyms in many communities...

But give thought to an activity which can be regularly undertaken.

Don't multitask

If meditation is about stilling the mind and focussing on the present, multitasking interferes with this process. Of course, there are times during a day where a number of tasks must be dealt with simultaneously; we recognise that reality of work in a busy workplace and remote health setting especially.

However, the extra demand on the brain of constantly switching tasks may actually make us less effective and can even be damaging to our health as the various systems of the body become stressed and overworked (such as tightened muscles and tension headaches), and manifest as strong emotional reactions (including a feeling of not being in control).



Multitasking can interfere with efficiency by interrupting concentration and focus. It can be similar to someone trying to read or respond to emails, while another colleague is talking to them.

Although there are times when a number of tasks are juggled at the same time, recognise that this is not efficient and try to minimise the times this happens if possible.

Stop procrastinating

If you tend to procrastinate, you will be familiar with the feelings of stress when you realise a task should have been done earlier and has been left to the last minute. Procrastinating steals your optimism and the guilt can be draining.

I usually find that the simple act of starting a task is helpful. If I need to write a lengthy paper, simply opening the computer, creating a file and creating a heading, helps me to feel as if the task has at least been started. I can feel a little more in control. Instead of thinking about the magnitude of the task, just start. Tell yourself you have only got to do it for a set period, such as 15 minutes. This breaks the ice and makes the task seem less intimidating, and it is likely you will spend longer at the task than 15 minutes.

Importantly, stop punishing yourself for procrastinating; the stress interferes with getting the task done. Move on and focus on what needs to be done. And, tackle the most important task first (remember the tip about prioritising?). »

» Pause to breathe

Ah yes, remembering to 'smell the roses'. This is such an important concept. The busier we get, the more likely we are to deny ourselves a simple break, a pause to take a breath, and give ourselves a chance to re-focus.

Over the years when working with clients who experience anxiety or depression, I have found that the times when people most need to engage in relaxing or enjoyable activities are the very times they are least likely to do those things. It is the same during periods when we are rushed and busy; we deny ourselves permission to stop and take a breath.

Remember, studies consistently show that people who pause for regular breaks are more efficient. Clearly there are times when this is not feasible, and we recognise that such times require a greater effort. However, if the normal workload is habitually so demanding as to prevent healthy breaks, something will eventually give. That something will be predictably your emotional or physical health.

Although the strategies outlined in this article have been found to be effective for many, we all differ in what works for us individually.

And what is a comfortable balance for one person will not be the same as for others. So, clearly, we need to find the best fit for our own needs. However, research studies have consistently found that meditation and Mindfulness practice are effective in helping people to live productive and healthy lives. Consider all the approaches listed above, but I urge you to seriously consider incorporating these practices especially into your daily life.

And remember the CRANaplus Bush Support Team members are there to help with planning a healthier life balance or to work on ways back to equilibrium if that is needed.

There are many online resources which outline approaches in Mindfulness and meditation, or the Bush Support Line team can guide you in choosing a suitable technique. The free and confidential Bush Support Line can be accessed by ringing 1800 805391, 24 hours a day, 7 days a week. Staffed by registered and experienced psychologists, the team is a great resource.

References

Keller, Gary with Papasan, Jay. (2013)
The ONE Thing. Bard Press ●



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yoga in the bush

By Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services

A really portable, holistic health practice is yoga. Yoga classes are becoming more and more popular throughout the country. The good news for someone working out bush is that the yoga resources, such as DVDs, apps and internet videos, available to support a regular yoga practice is impressive and makes the activity so accessible.

The most common type of yoga practiced in Australia is known as 'Hatha Yoga'. You are probably familiar with some of the physical postures, known as 'asanas' suggested by Hatha Yoga.

This type of yoga also incorporates mindful breathing and meditation which is one of the reasons that yoga is such an important possible coping strategy people working in demanding and stressful environments.

In Sanskrit, the word 'yoga' means to unite. Certainly, there is increasing research to show that a regular yoga practice has a positive effect on both physical and mental health.

Regular yoga practice is correlated with lower blood pressure, reduced heart rate and other physical benefits such as improved muscle strength and increased flexibility. In terms of mental health, yoga like mindfulness in general, is associated with reduced levels of anxiety and depression.

As well, it has been shown to improve cognitive functioning. There is a growing body of literature that is pointing to yoga as a treatment in itself for a wide range of psychological difficulties,

including Post Traumatic Stress Disorder, addictions, autism and Obsessive-Compulsive Disorder.

If you know anyone who practices yoga, you will know that they very much see it as a way of life. Indeed, its origins were in a profound spiritual practice. There is an understanding in the discipline of the embodied nature of emotions. Part of the increasing skill in yoga is aimed at identifying and dealing with where stress and tension are held in the body.

In some ways, yoga is the perfect 'walking the talk' of mindfulness. It encourages you to be curious and non-judgemental about yourself. It gives some important strategies to stay centred in this busy world.

If you are new to yoga there are a number of free online resources that you may find an interesting place to start researching. The range of yoga resources is quite amazing on the internet. For example, DoYogaWithMe.com

is a free online video site that offers a great deal of material. One of the most useful features of this site is that it allows you to stay in your comfort zone by offering graded classes.

If you know anyone who practices yoga, you will know that they very much see it as a way of life.

If internet access is a problem, there are many DVDs. One of the most popular is: 'Best for Beginners: BodyWisdom Yoga for Beginners'. Another DVD series is Rodney Yeo's 'Power Yoga Collection'.

Yoga is definitely worth considering as a resilience-building option for remote health professionals. It is something that can be done alone, is not competitive and is designed to be done at your own pace. ●



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from helplessness to hope

By Amanda Akers
Clinical Psychologist
CRANaplus Bush Support Services

When's the last time you felt a sense of helplessness? You may have been aware of a problem and you couldn't help fix it straight away. It can be really frustrating and we can sometimes start saying negative statements to ourselves for our lack of face-to-face availability.

These sorts of situations can be quite common. Consider this scenario: a friend or family member has a crisis or an illness. They call you to talk, and you wish you were there to help them, right there and then. Your leave isn't due until the end of the year and you're having a busy period at work. You want to be there but you can't leave the community, or your work.

That helpless feeling creeps in and you scan your creative mind for ways to make it work, ways to get there, but it's useless, it's futile. You admit that you can't leave work, you can't travel to your friend or family member, all you can do is stay on the phone and talk, text or message the person through their crisis.

Then, you get off the phone and start to worry. What else can you do? What else could you have done? You remind yourself again that you can't leave work, and implore yourself to find another way to deal with your desire to help out or provide support by text or message. You feel helpless again. It's annoying and frustrating.

You tell yourself that you work in the caring profession, you have to be able to help! After all, this is a crisis, it might not be a medical crisis but it's a crisis. Worry sets in.

What if this happens? What if that happens? You revert to thinking that surely there's something you could do.

Well there is. Helplessness can be turned into hope. Which is a much nicer feeling to experience. Let's have a look at how to do it.

Reflection

To start with, you can use your skills of reflective practice. Consider the phone call or messaging conversation. What did you say that was supportive? You may have listened carefully and made the person feel heard. You may have been available for them to talk when others weren't.

You may have told them you wish you could help them. You may have helped them clarify some of the issues that arose. You may also have offered for them to call you again to give an update. You may have told them you love them. All of these things, or even just one of them, would have been helpful.

Positivity

During the conversation, were you positive? Did you join in on the crisis and become distressed or did you remind the person that 'it'll be over soon', and that 'it's only temporary'. If the person was pessimistic e.g. 'I'll never get over this/get better' did you say 'yes you will', 'you'll get through this'? If you did, you're being optimistic and positive and showing the person that the situation is only temporary.

Reduce generalising

If your family member or friend was making a generalised statement such as 'It's all ruined'; 'It's all over', did you challenge that statement and tell them that 'Only this part is ruined, you still have other parts of your life that are working well', or 'Only this aspect is over, and maybe it was time for that to end, you still have many other aspects to focus on that require attention'.

By saying this you are highlighting the fact that the crisis is only a part of a bigger picture, it's not the whole picture.

Checking for evidence

One of the strategies for thought-challenging is to look for evidence that the thought is based on reality or that the worrying prediction will actually happen. For example: Where is the evidence your adult daughter won't cope with her recent relationship break-up? Did she cope with the last one, did you cope with a relationship break-up in the past? Has she learned life lessons from you? Does she usually cope with crises? Do people typically recover from relationship break-ups? Further evidence to remind yourself that they'll be OK can include things such as: 'she's an adult'; 'she has work to keep herself busy'; 'she has good friends for support'; 'she said she'd call me if she's not coping'.

Refraining from rescuing

If you're a person who fixes everything, you may not be allowing others to find ways to fix things themselves. For example, if your adult son has a financial problem and you send money to help him out, you're not allowing him to find other ways to manage his finances, and you may be enabling him to become less focused on his finances and more dependent on you to help him out.

If you're not able to help out at a particular time, you're actually allowing him to experience the consequences for his overspending or mismanagement of money, and you're offering the opportunity for him to become creative in looking at other ways to solve his problems. If you can't help, someone else can. Remind yourself of your own strategies for dealing with a similar problem. Allowing someone room to solve their own problems is useful.

Acknowledging strengths

When a person seeks your support and you're unable to help straight away, remind yourself of the person's strengths. Are they usually independent? Are they creative? Are they a strategic thinker? Are they good at their job? Do they have friends who support them? ►►



Photo: Andrew Cameron.



Photo: Lisa Crouch.

►► Are they a good problem-solver for others? Do they seek support as required? Are they a good communicator? If you answer yes to any of these questions, then answer one more: Do you have faith that this person can get through their crisis with the strengths that they have? If so, tell them that you believe in them, and that you'll be there waiting to hear the positive outcomes or to provide extra encouragement if it's required.

Hope

Now that pleasant feeling of hope can filter in. You've done what you could do, given the circumstances. You were there, you listened, you supported, you looked at the situation realistically. Then you reflected on your support, you checked for your own ability to help and you viewed your own situation realistically. Now it's time to allow your hope to enable you to get on with your work, your life, and your patience to hear the outcomes. You can then listen again.

If your friend or family member is considerate they will thank you for your support. If you enjoy acts of kindness and support you won't mind if they don't acknowledge your help for now. You were there for them. You were useful. You made a difference. Well done!

Additional support

For more information on positive responses to helplessness read Martin Seligman's book *Authentic Happiness*. For additional support on issues for friends or family members call Bush Support Services. Alternatively, you can refer immediate family members to Bush Support Services so they can access support directly. CRANaplus Bush Support Services is available 24/7, 7 days a week on 1800 805 391.

Reference

Seligman, M, E. P (2002) *Authentic Happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment*. Free Press, New York. ●

cultivating a climate of civility

By Therese Forbes
Psychologist
CRANaplus Bush Support Services

The world of work can fulfil many needs. It may provide opportunities for growth, mastery, acknowledgement and achievement. Working in the rural and remote health context offers all these opportunities with the additional benefit of providing health services to underserved and under-privileged patients. Many place value on the interpersonal relationships they have with colleagues and indeed this may be a rewarding experience.

For some however this is not the case. Professional and geographical isolation, low resources and social isolation can add further strain to the workplace environment and team.

Actively cultivating civility in the workplace is the best way to ensure that work is a pleasant, engaging and rewarding experience. This the responsibility of everyone as a team member however leaders have a special role to play in fostering civility.

Creating a healthy working environment requires that team members come from a base of respect. Disrespect leads to bad manners, rudeness and a lack of consideration for others. Another important factor is making sure that when conflict arises it is dealt with fairly and in a timely manner. Not dealing with conflict only allows for things to fester and relationships to spoil.

Regular readers of the Bush Support Services contributions to this magazine would know that we enthusiastically promote the benefits of mindfulness and reflective practice. Both mindfulness and reflective practice require awareness and it turns out that this is another important contributor to fostering civility.

If we are aware of our environment and can notice what is happening we are in a strong position to make meaningful changes that benefit everyone.

Talking with your team about your values is a great way to keep on track. Ideally you might discuss different values and perhaps decide on your top six. This can be helpful guidance for individual members but it is also a great reference point for prospective new team members to get a sense of your workplace environment and how you work as a team.

Given that the year's end is almost upon us it can be helpful to reflect on the highlights and positive outcomes your team has achieved in the past 12 months. Writing these up (large) and leaving them prominently placed can serve to remind the team of what they can achieve and provide opportunity to acknowledge those achievements.

Talking with your team about your values is a great way to keep on track. Ideally you might discuss different values and perhaps decide on your top six.

We all benefit from a good work environment so it is worthwhile to think about what small ways we can uplift the team. The saying 'many hands make light work' has never been truer and again it is a good way to engage others in coming up with some uplifting suggestions!

I would love to hear from you about the ways that you foster civility in your workplace. Please email me therese@crana.org.au if you would like to share. ●

educate

is it possible to do advance life support online?

Dr Nick Williams might have the answer.

Article first published on the AMA's General Practitioner Network News.

For most doctors requiring Advanced Life Support (ALS) credentialing, the last time they actually utilised it was when they did their last credentialing.

Outside of an emergency department (ED) setting it is an infrequent event, but we recognise the need to maintain the skills, as many of us are required to keep it current every three years to maintain our professional CPD requirements. This was certainly my experience after having worked as a VMO in an ED in metropolitan Adelaide for 13 years and now as a visiting general practitioner to rural and remote South Australia.



Right: Dr Nick Williams.

One might use the phrase 'in my own time' to denote the use of online learning by doctors when and where they want it. Most of us are time poor in our work environment and giving up a weekend to do the usual two-day ALS update is not something we look forward to. Thankfully, all that is now in the past, as the AMA has joined with the CRANaplus to deliver an innovative online ALS module combined with practical assessment that can even be done via Skype.

Online learning saves time in planning, transportation and cost.

The online component of the course takes approximately three hours to complete and can be done in multiple segments if desired. I really liked the fact that most modules allowed you to go straight to the assessment at the end of the section if you passed a pre-test demonstrating you had 100% competency in the topic. This directly fits with adult learning principles of recognising what we already know and allowing self-direction.

Module structure flows well in easy-to-understand steps. The layout and graphics are of excellent quality and provide in-depth knowledge of the subject. The module includes plenty of linked resources for you to read further on any topic easily accessed via the imbedded links, which have practical examples and case studies to assist in learning.

Online learning saves time in planning, transportation and cost. I was able to complete this ALS module in three hours, in my own time without having to leave my clinical duties or my family commitments. Online learning is the new format that doctors will have to get accustomed to for their overall CPD requirements. ►►



►► The CRANaplus Advance Life Support course can be accessed via doctorportal learning. Once all components are completed you are directed to the CRANaplus website to arrange your practical assessment. The course is accredited with the RACGP and ACRRM, and CPD points are tracked to your CPD Tracker.

It couldn't be simpler. Perfect for busy doctors. Significantly cheaper than a two-day course and does the job. I recommend giving it a try.

CRANaplus Advance Life Support course on doctorportal learning: <https://learning.doctorportal.com.au/catalogue/module-details/151>

Access doctorportal learning catalogue here: <https://learning.doctorportal.com.au/catalogue> ●

Dr Nicholas Williams

MB.BS, DRACOG, FACRRM, MScPHC, FAFPHM, FCRANaplus

Dr Williams is currently working with the Aboriginal Health Council of South Australia as a GP Supervisor, Aboriginal Health. This involves supporting the GP workforce in rural and remote Community Controlled Aboriginal Health Services in SA and supervising GP Registrars. He spends more than sixty per cent of his time working in rural general practice and loves it.

beware of shortcuts!

When Martin Douthwaite finally had the opportunity to tick off a longstanding resolution to do the REC course, he got more than he bargained for.

The jigsaw pieces were falling into place when Martin Douthwaite, with a background in paramedicine and adult and then paediatric intensive care nursing, finally signed up to do the REC course in Alice Springs earlier this year.

Working remote had never left him since he 'stumbled into a 12-month contract' running a small clinic in the east Kimberley called Billiluna a decade ago.

This is where he first heard about the REC course and its reputation as the industry standard for working in remote. It was on his to-do list.

Each effort to sign up for a course over the past two years, however, fell through: inability to get time off, the burden of expenses etc. Until the Alice Springs course came up.

Mediserve, a CRANaplus corporate member and an agency he'd previously worked for, was willing to help pay for the course; Martin secured a contract for remote work with Spinifex Health Service 550 km east of Kalgoorlie – bringing him a bit closer to Alice Springs to reduce the costs; and he had a newly-purchased a land cruiser ready for some Outback four-wheel driving.

Martin finished his short-term contract with three days to get to Alice Springs, a 10-hour off-road drive ahead of him. Enough time. Martin spent his last few days getting local advice on which roads to take. This is what happened. ►►



►► "I was recommended to head up to Wingalina via Iluka roadhouse and cross the border there. The clinic loaned me a satellite phone and told me to call in every day.

"Two hours into my drive, it started getting muddy and, trying to avoid a muddy ditch, I ended up driving over the side of the road into deeper mud and got bogged. After four hours of digging until the sun went down, I fell asleep, to wake with a knock on the window at sun-up from my boss at the clinic, who said the road would only get worse.

"Back in town, I contemplated the lost day's travel. Would I make the course? With two days to go, I set off: this time with directions to take a dog leg through South Australia, zipping up the Stuart Highway from Port Augusta. 'I reckon you could just make it, but it will be tight,' my boss said.

"Driving towards South Australia, I looked on my Hema sat nav and noticed that there seemed to be a nice road called the Beaddell Highway through an area called Woomera. Sounded nice and 'highwayish', I would avoid the dog leg through Port Augusta and end up at Cooper Pedy further up the Stuart Highway. This short cut, I thought, would save me a day.



"Without passing a single car for three hours, and, I calculated, another four hours to the Stuart Highway, a sign stated that I was now crossing into defence territory and it was illegal to pass. I thought I'd chance it.

"An hour later, in the middle of nowhere, the road was blocked off. Defence personnel told me that there was a live firing exercise going on until next month and even they couldn't pass..."

"An hour later, in the middle of nowhere, the road was blocked off. Defence personnel told me that there was a live firing exercise going on until next month and even they couldn't pass. I had to turn around, he said. I should expect a letter in the mail with a possibility I might have to appear in court for trespassing into defence land, he said.

"What chance did I have of making it to the course in time?

"I took a deep breath. Another night sleeping in the car. Just stick to the bitumen I told myself. Keep driving night and day until I get there, 24/7 if I had to. Then I met a guy while filling up in a tiny town called Oak Valley. He knew a short cut. As a local he was sure this was a better way. Off I took again, renewed that I had another chance to make it.

"I took a deep breath. Another night sleeping in the car. Just stick to the bitumen I told myself..."

"As the sun was going down, I stopped for dinner at the Kingoonya pub, where the story was going around that the road to Coober Pedy was closed for rocket testing til midnight and big fines for anyone who tried to cross.

"This was why the pub was so full: they were waiting until midnight. I realised that it would be impossible to make it to Alice Springs for the course.

"I had my dinner and moseyed up the side road, planning to wait at the police blockade until they opened it at midnight. Not a police car in sight. I continued driving. I drove for 16 hours, reached Coober Pedy, and drove a bit more until I couldn't keep my eyes open. Another roadside sleep until sun up.

"I pulled into Alice just after midday... I had made it..."

"I pulled into Alice just after midday, stinking after not showering for three days, covered head to toe in mud, and tired as hell. I threw my clothes in the washing machine, had a shower and just made it to the course start time at 3pm. I had made it. ►►

» "I thoroughly enjoyed the course, brilliantly delivered by a number of industry professionals from a broad range of specialties – including paramedics, midwife specialists, Royal Flying Doctor Service and intensive care specialists.

"They delivered a well-structured course concisely covering all areas of remote emergency medicine in a logical and user-friendly fashion.

"I thoroughly enjoyed the course, brilliantly delivered by a number of industry professionals from a broad range of specialties..."

"The catering was also excellent: as a gluten-intolerant, not only were we catered for, the food was gourmet and nutritious every day. It was a great chance to network with people

in the industry; make some great friends in the course and get the low-down on the remote area scene.

"My drive back home would be less adventurous, I promised myself. Not to be. I was one of the first cars to arrive at a major accident on the highway. Two trucks burst into flames. The driver of the rear truck suffered facial injuries, a fractured left ulna radial and right hand and burns to his torso, and I provided first aid at the scene until the paramedics arrived. You could say, I got a chance to put my newly acquired skills and knowledge to use."

Martin is now completing his application with the rural LAP – a government funded initiative to provide professional staffing to remote health services. "I would highly recommend this course to anyone considering a move into remote nursing," he says, "or wanting the added confidence of knowing how to handle the most common emergency presentations when all alone in the outback." ●



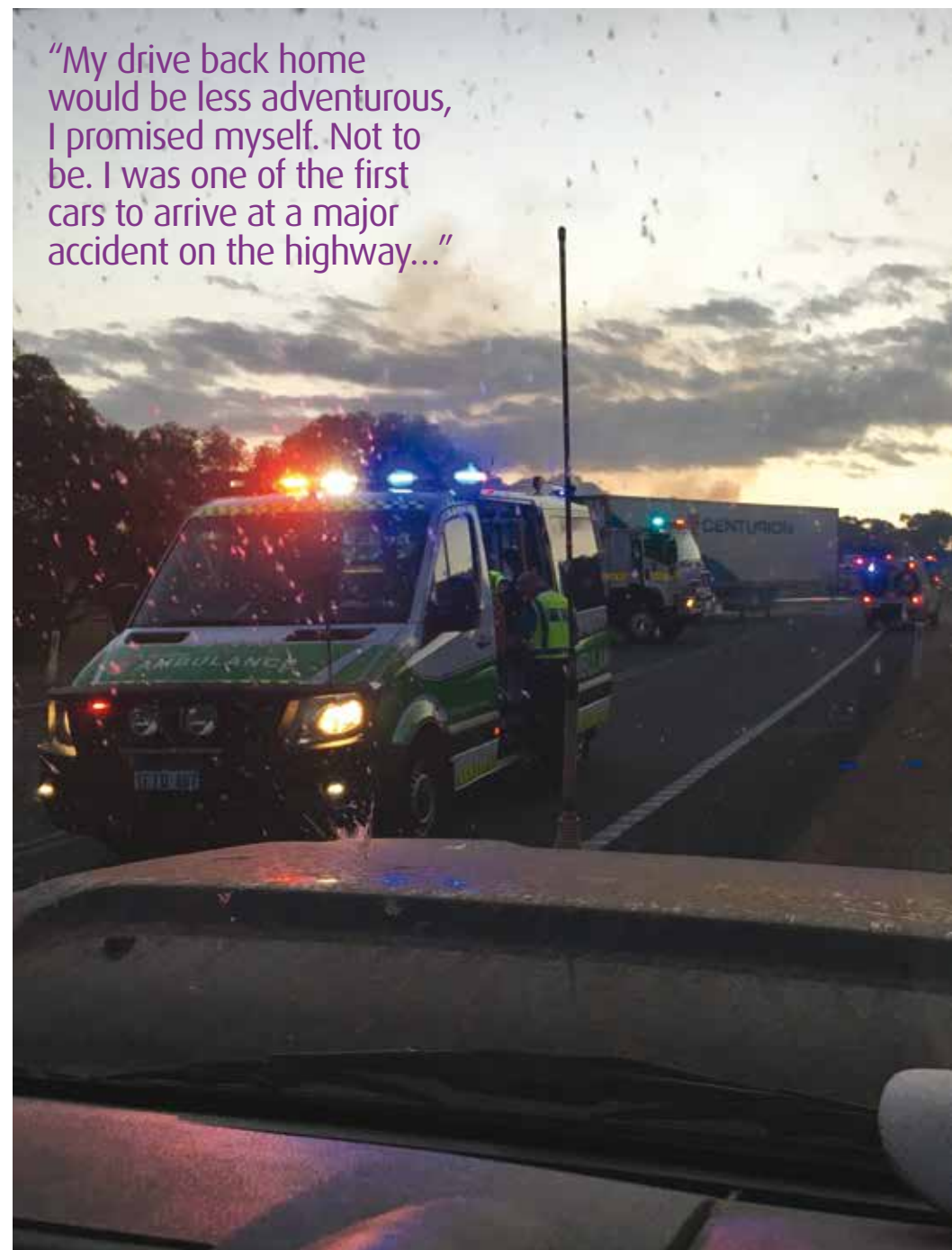
STAY SAFE AND SECURE (SSS)
A CRANAplus course for remote and isolated health professionals



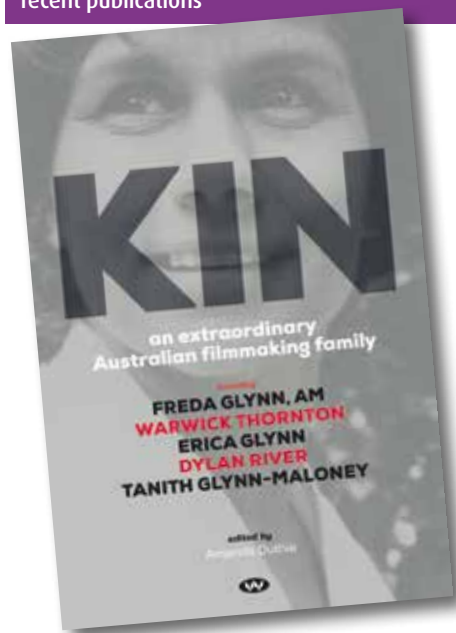
"One of the best and most engaging training events I've attended. Very interesting and educational. Presenters made it fun!"

"It was positive to look at safety from an organisational culture perspective and challenge some of the status quo we have come to expect."

"Some useful thoughts & actions to take away and back to our workplaces. Truly appreciate this course, I learnt many new things that I can take away."



"My drive back home would be less adventurous, I promised myself. Not to be. I was one of the first cars to arrive at a major accident on the highway..."



KIN

an extraordinary Australian filmmaking family

Edited by Amanda Duthie

RRP \$24.95

About the book

In *Kin: an extraordinary Australian filmmaking family*, artists and filmmakers from all over the world pay tribute to the indomitable Freda Glynn and her family. Freda championed Aboriginal screen storytelling with global impact, helping establish CAAMA and Imparja Television in the 1980s. Her daughter Erica Glynn and son Warwick Thornton are internationally renowned filmmakers, and her grandchildren Dylan River and Tanith Glynn-Maloney bring a fresh vision to the third generation.

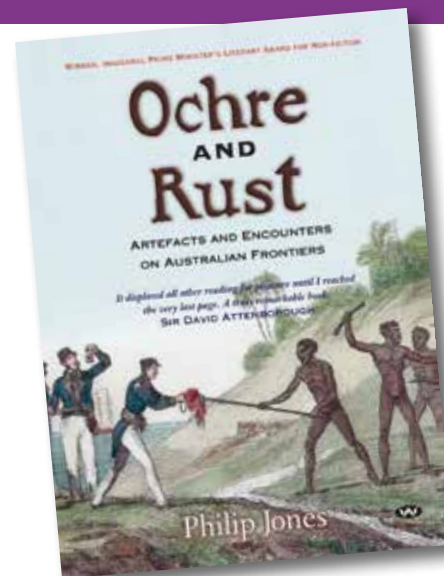
“What I love is that when they stand together as a family we get to see what they have given to our Australian screen industry, their extraordinary impact and legacy.”

Deborah Mailman

Kin is an unique celebration of an Indigenous family of prominent filmmakers, including Warwick Thornton (Samson and Delilah), is perfect for this cultural moment, when the importance of representing diverse and Indigenous voices on our screens is an urgent issue.

Kin includes essays from some of Australia's biggest film names, including Deborah Mailman, Scott Hicks, David Stratton and Margaret Pomeranz.

www.wakefieldpress.com.au



Ochre and Rust

Artefacts and Encounters on Australian Frontiers

By Philip Jones

RRP \$49.95

About the book

In the Flinders Ranges, a Kuyani man presents a cake of ochre to a European doctor, in earnest proof that the threatened ochre mine is 'as important as the bible is to Christians'.

As netted bags are exchanged for cloth south of Port Darwin, a surveyor's linguistic hobby draws him close to Djerimanga people, near enough to become the unwitting candidate for a blood debt.

Ochre and Rust takes Aboriginal and colonial artefacts from their museum shelves, and traces their stories, revealing charged and nuanced moments of encounter in Australia's frontier history.

As the exchange of ethnographic objects drew Europeans into an appreciation of Aboriginal culture, new commodities brought Aboriginal

people across frontiers into settlements and towns. But while spears and shields accrued value as they passed from

Aboriginal hands, European commodities, desired at the moment of contact, soon powdered or turned to rust.

Museum objects have never completely shed their role as historical witnesses. Philip Jones positions them at the centre of these gripping, poignant tales. His *Ochre and Rust* transports the reader into the heart of Australia's frontier zone.

Ochre and Rust takes Aboriginal and colonial artefacts from their museum shelves, and traces their stories, revealing charged and nuanced moments of encounter in Australia's frontier history.

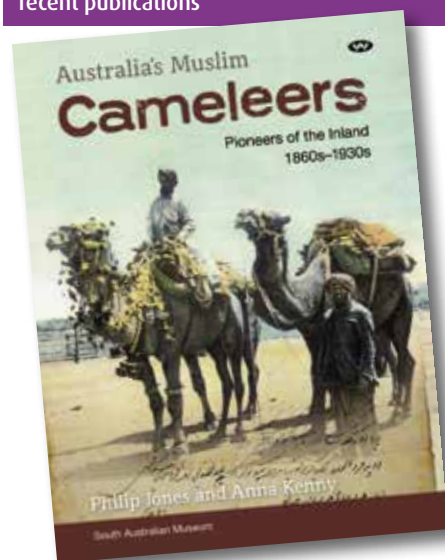
About the author

Philip Jones is a curator and historian, based at the South Australian Museum. He has published widely on the history of anthropology and collecting, and on the ethnography and history of the Aboriginal people of the eastern Lake Eyre region.

He has also made detailed surveys of European collections of Aboriginal material, and has curated several exhibitions which have travelled to Europe, North America and Asia, including *Australia: The Land, The People* (2005–2006) and *Boomerang* (1996–2002) and the accompanying book *Boomerang: Behind an Australian Icon*.

www.wakefieldpress.com.au





Australia's Muslim Cameleers

Pioneers of the Inland 1860s-1930s

By Philip Jones and Anna Kenny

RRP \$49.90

About the book

Between 1870 and 1920 as many as 2000 cameleers and 20,000 camels arrived in Australia from Afghanistan and northern India.

Australia's Muslim Cameleers is a rich pictorial history of these men, their way of life and the vital role they played in pioneering transport and communication routes across outback Australia's vast expanses.

Many of the images and artefacts in this fascinating account are published here for the first time, and this new edition contains a biographical listing of more than 1200 cameleers.

"This book is a timely resource for anyone interested in the exploration and settlement of inland Australia."

Stephen Davenport, *Independent Weekly*

About the authors

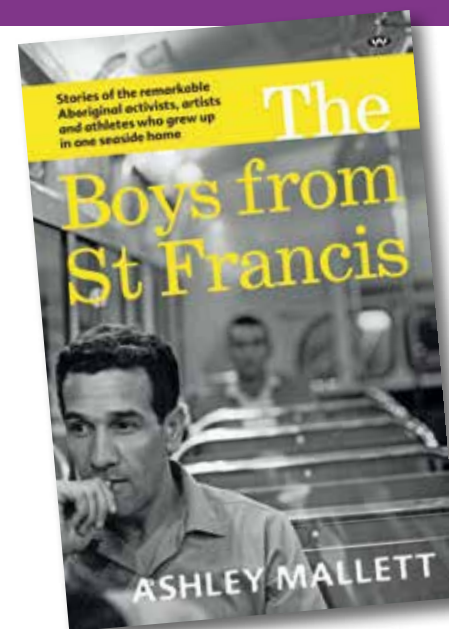
Philip Jones is a curator and historian, based at the South Australian Museum. He has published widely on the history of anthropology and collecting, and on the ethnography and history of the Aboriginal people of the eastern Lake Eyre region.

He is the author of *Ochre and Rust* and *Boomerang*.

Anna Kenny is an anthropologist based in Alice Springs, Central Australia. She has conducted field research with Indigenous people since 1991 involving media, land and native title claims, mining and sacred site protection.

She is particularly interested in the socio-cultural history and ethnology of Inland Australia and began researching the heritage and legacy of the Muslim cameleers at the beginning of 2001.

www.wakefieldpress.com.au



The Boys from St Francis

Stories of the remarkable Aboriginal activists, artists and athletes who grew up in one seaside home

By Ashley Mallett

RRP \$34.95

About the book

This remarkable true story pays tribute to a band of Aboriginal boys who grew up together in one group home – many succeeding spectacularly in later life.

In 1945, Anglican priest Father Percy Smith brought six boys from their Northern Territory home to an Adelaide beach suburb. There, they became the first boys of St Francis, a place that would house 50 such boys over 11 years. Some were sent, with the blessing of their mothers, to gain an education. Others were members of the Stolen Generations.

In their interviews with Ashley Mallett, many of these men recall Father Smith's kindness and care. His successors, however, were often brutal, and the boys faced prejudice in a wider world

largely built to exclude Indigenous Australians. Yet ultimately, *The Boys from St Francis* is a multi-layered tale of triumph against the odds – using the early building blocks of education and sporting prowess. Many of them went on to become fiercely effective advocates for Aboriginal causes, achieving significant progress not just for themselves, but for Aboriginal people, changing their world for the better.

This is an important story about the relationship between black and white Australia in the 1950s and 60s and beyond, through the experiences of a varied group of Aboriginal men.

Activist Charles Perkins, the first Indigenous man to receive a university degree, commenced his status as a national icon with the 1965 Freedom Rides. John Moriarty, the first Indigenous man picked for the national soccer team, designed the famous Dreaming images for five QANTAS planes. Harold Thomas created the iconic Aboriginal flag. Vince Copley played AFL for Port Adelaide. George Kruger worked with Fred Hollows in remote Indigenous communities for nearly 20 years.

The Boys from St Francis is a sometimes shocking, but ultimately hopeful book about black and white Australia, told through one constellation of lives, sharing one seaside address.

About the author

Journalist **Ashely Mallett** was asked to write the story of *The Boys from St Francis* by Ngadjuri elder and former resident of the home, Vince Copley, AM. Ashley's 30-odd books include the definitive history of the 1868 Aboriginal Australian Cricket Tour of England, *The Black Lords of Summer* (UQP 2002).

www.wakefieldpress.com.au



Photo: Donna Lamb.



professional

professional services overview

Summer, and for many, the Wet Season has arrived, clocks turned forward in most of the States to capture the long days endured by those enjoying their well-earned holidays. It is also the time of Festive season celebrations and reflection of a year gone by.

Professional Services continues to evolve and grow by addressing issues, challenges and providing our valuable members with resources

that support, guide and shape your professional practice. Wishing you all the best for 2019.

RAN Certification

Over the past 12 months there has been a steady number of nurses submitting their applications to acquire RAN Certification.

The RAN Certification process can be accessed from the CRANAplus dashboard. Certification is self-directed and voluntary; giving nurses and

midwives the ability to evidence their ability to meet the minimum professional standards of remote practice and/or a work plan to help achieve it.

The important principles that have informed the RAN certification development include:

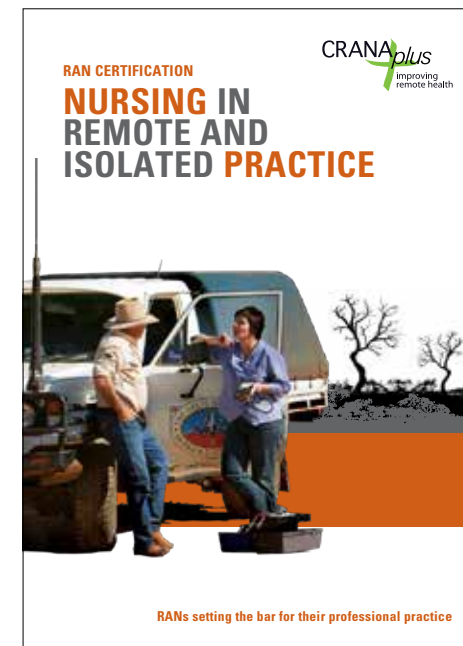
- Voluntary self-assessment with a peer review
- Minimum standard of care for consumers

- Consistent and recognised professional speciality for RANs
- Removing duplication and overcoming jurisdictional barriers
- Supportive clear pathway for new or novice RANs.



For those who are thinking about undertaking RAN Certification but are unsure of what's involved in the process, in the next coming months, an easy solution is about to be born when our team puts together a 'youtube' clip to walk you through the process. This will be available on the CRANAplus' website page. Stay tuned...

Marcia Hakendorf ●



third network of interest group



September this year saw the launch of the Rural Nurses and Midwives Network of Interest (NOI) community on the CRANaplus Facebook page. This is the fourth NOI created. The other three are for Students, LGBTQI members and those interested in End-of-Life/Palliative Care issues.



This new group is designed to enable discussions about global and local issues currently impacting on rural nurses. Rural nurses make up a large proportion of our membership and to support their challenges, insights and viewpoints, CRANaplus have invited

Chris Belshaw and Gaye Fischer to be the champions for this NOI community group.

Registered Nurse Gaye Fisher, married to a farmer, with two children at boarding school and three very domesticated (feral origin) cats, is a volunteer ambulance officer and a qualified first aid trainer, living and working in WA's Great Southern region.

"I'm a frontline, bedside rural generalist, and love it!" she says. "Where I work it's predominantly aged care with A&E – which can be anything from splinter to spinal."

Gaye was asked to co-facilitate the Rural NOI group through her involvement with the CRANaplus Rural Nursing Expert Advisory Group. "I'm a passionate advocate for rural nursing and health," she says.

"I'm a passionate advocate for rural nursing and health."

This year Gaye commenced post graduate studies in Agricultural Health & Medicine, which, she says, has blown her horizons wide open about farmer/rural health, safety, resources/service delivery, and all those challenges.

Down the track, she'd like to be more directly involved with farmers and working in collaborative networks to improve rural determinants of health.

Chris Belshaw, a Registered Nurse and Midwife, began his nursing career in Belfast in 1985 during the height of the Troubles and then worked in a multitude of hospitals in the UK before migrating to Australia for, he says, the promise of better weather.

"Building upon specialist education courses in Neuroscience, Intensive Care & Midwifery, I had the opportunity to work in a remote area of outback Australia," he says. "It was here that I realised that this was the perfect place to use all the knowledge, skill and attributes I've developed over many years."

Chris has been with the Royal Flying Doctor Service as the Team Leader for the Cooper Basin in far north South Australia and South West Queensland.

"I was the first authorised Nurse Practitioner with the RFDS and developed the role and scope of practice for the Cooper Basin," he says.

This role provides care for the oil and gas workers at the major gas processing plants at Moomba and Ballera, the local residents and tourists.

"I am active in the promotion of the role of the remote area nurse and the drive to get more Nurse Practitioners to come and work in the remote area, a decision they will not regret."

"I am active in the promotion of the role of the remote area nurse and the drive to get more Nurse Practitioners to come and work in the remote area, a decision they will not regret."

"I have many interests in remote health, especially primary health care and the access to up to date safe sexual health and midwifery care. I have been heavily involved in the development of the clinical governance guide for remote and isolated health services and the credentialing process for remote area nurses. I am currently working on the development of a wider response capability to provide emergency and primary health care to remote communities which might not otherwise have access to full community health services."

Gaye Fischer and Chris Belshaw ●



remote management program



The 2nd Remote Management Program for 2018 was completed in November with a two-day workshop held in September where eight remote managers travelled from the Northern Territory, Queensland and South Australia to attend the workshop, at the CRANaplus Office in Cairns.

There were a number of 'Ah ha' moments expressed over the two days, one such moment, when the group explored the meaning and use of language depicted in advertisements to attract and recruit staff to their organisation.

As well as the practice of 'powerful' questions to unpack issues and discuss potential solutions.

Over the past 12 months a number of the remote managers have been successful in implementing CQI projects into their workplace and expressed a new-found confidence and competence in tackling the challenges associated with bringing new ideas and practises into the workplace.

For more information and to register for this professional development program in 2019 visit our website <https://crana.org.au/education/courses/management-course/> ●

Links Mentoring Program – for Rural and Remote Health Professionals

LINKS
ACCELERATES LEARNING
ABILITY TO INTEGRATE CLINICAL SKILLS
OPPORTUNITIES FOR NETWORKS
ENHANCE KNOWLEDGE BASE
RECEIVE PROFESSIONAL SUPPORT

CRANAplus
improving
remote health

Rural and remote nursing and midwifery grants

As part of its ongoing commitment to high-quality health services in rural and remote Australia, the Country Women's Association of Australia, in association with the National Rural Health Alliance and CRANaplus, is offering a number of professional development scholarships for rural and remote nursing and midwifery programs and courses in 2019.

Applications will open on 1 January 2019 and close on 15 February 2019.



ruralhealth.org.au/cwaaruralnursingcpdgrant

joint rural health club weekend (JRHCW)



The Darling Downs region welcomed 44 multidisciplinary undergraduate health students for three days from Friday 5 to Sunday 7 October for Health Workforce Queensland's Joint Rural Health Club Weekend (JRHCW) in conjunction with RDAQ Foundation.

The JRHCW sees the four Rural Health Clubs from Bond University, Griffith University, James Cook University and The University of Queensland come together for a weekend of academic and social activities in a rural

Queensland community. The JRHCW has taken place for the past 15 years!

The Rural Health Clubs aim to develop health students' passion for and interest in working in rural Queensland on completion of their tertiary education.

The student-run Clubs deliver a variety of rural immersion initiatives and are a key link between students and Queensland's rural health workforce. Health Workforce Queensland actively supports the Rural Health Clubs and is the organising partner of the JRHCW.

"We are proud to support the JRHCW and show health students the rewarding professional and personal opportunities available to them in rural Queensland" said Health Workforce Queensland's CEO, Mr Chris Mitchell.

The JRHCW is a one of a kind event where students will learn new and build on existing clinical skills in the areas of paramedicine, obstetrics, ultrasound, advanced life support, dental care, physiotherapy, self-care, occupational therapy, and suturing.

For the 2018 JRHCW, students are privileged to have the clinical skill sessions facilitated by leading local health professionals.

The event enables students to network with likeminded peers from Rural Health Clubs, health professionals from the Darling Downs region, Stanthorpe community members and other key health organisations. Not only do students learn throughout the weekend, they are able to participate in local social activities and experience the rural lifestyle, which is unique to Stanthorpe. The JRHCW itinerary included visits to Lawdogs Australia, Ballandean Estate, Girraween National Park, and the Kefi at the Winery 30th Celebration.

"Immersing students in rural life prior to graduation can inspire them to choose a rural career post-graduation. Events like the JRHCW can establish a steady supply of health professionals to rural Queensland communities most in need of doctors, nurses and allied health professionals," stated Mr Mitchell.

Health Workforce Queensland and the Rural Health Clubs would like to acknowledge RDAQ Foundation as the event partner, as well as key sponsors for their involvement in the 2018 JRHCW: Medical Indemnity Protection Society (MIPS), James Cook University, HESTA, Southern Queensland Rural Health, and CRANaplus. ●





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fellows of CRANaplus

At the opening night of our annual Conference, two outstanding individuals being Dr Scott Davis and Doune Heppner were Awarded as Fellows of CRANaplus.

Dr Scott Davis

In 2013, Dr Scott Davis was awarded a Doctor of Philosophy from University of Sydney, his doctorate focused on the *Role of regional health services in driving social and economic development in regional and rural communities*. Dr Davis has actively contributed to CRANaplus by being a member of CRANaplus' Advisory Groups (2012-2015), for the development of:

- A Clinical Governance Guide for remote and isolated health services in Australia
- an innovative 18-month: Rural to Remote across jurisdictional novice nurse transition to practice model.

Dr Davis is currently a consultant for regional and rural health who continues to advocate and support the development of 'generalist training pipelines', for all health professions in rural and regional areas, by increasing the access to training and supervision, so to grow the next generation of health professionals.

Doune Heppner

Since January 2018, Doune Heppner has been employed as a Primary Health Care Nurse Practitioner for Anodyne Services Australia, that specialises in the provision of remote and hazardous medical, health and emergency services for remote mining services.

In 2003, Doune gained endorsement as Nurse Practitioner, and was noted for being the first remote Nurse Practitioner, furthermore during that period, was predominately employed by Torres and Cape Hospital Health Service, North Queensland.

Doune has provided valuable mentorship and professional support to many remote area nurses and other health professionals. Doune is known for her leadership, guidance and educational qualities and is an exemplary role model for the remote nursing workforce.

As a member of CRANaplus has actively engaged in a number of consultations, projects and has always been a keen to volunteer her time and expertise for the broader health industry. Doune remains a passionate supporter and advocate for the health and human rights of the Torres Strait Islander People. ●



highlights of a remote placement



For Shaiel Parikh, his placement this year in the Torres Strait has been a highlight of his dental degree at James Cook University in Cairns.

Thursday Island in the Torres Strait was the destination for my final year dentistry placement. Growing up in Toowoomba 'rural and remote' always meant out west, red dirt and cattle farms.

I never realised 'remote' could mean, island living, crystal blue waters and tropical weather. At times it was easy to forget I was still in Australia.

I was part of the Torres and Cape dental team: joining three full time dentists and handful of auxiliary staff catering for about 15 Torres Islands and about five communities in the Cape.

While the main clinic on Thursday Island was fully equipped with almost all of the usual materials, outer islands were a different story.

I travelled to two outer islands, Yam and Warraber, where I spent a week each. Transport was a small six-seater charter plane packed with dental equipment. Both these islands have a population of around 250–350 people. We set up in the conference room at the health centre on each island, seeing up to 25 patients per day. Unfortunately our scope of practice was quite limited due to lack of equipment, but it was very gratifying providing treatment to those who need it the most, especially the children.

Above: Arriving at Thursday Island Hospital and beyond.

Top right: Giving a demonstration at Yam Island School.

Rght: Boarding the plane to Sue Island.



After a long day, the local kids were always very eager to show us around and teach us a thing or two about fishing. These island trips were definitely the highlight of my placement.

In addition to the island trips I also frequented Bamaga Hospital near Cape York from time to time. Getting there from Thursday Island involved getting on a 6am ferry and travelling across Torres Strait, passing Possession Island where James Cook declared the Australian coast as British territory.

While on Thursday Island I lived in a share house with seven other students. While most were medicine students, there were some nursing and pharmacy students from time to time. We regularly had BBQs and weekend activities sometimes meant heading to an uninhabited island, chasing waterfalls. Considering how remote I was living, I never really felt socially isolated. On the other hand living with other students also meant we got to learn about each other's discipline and often meant we could teach other skills. For instance in the dental clinic we were able to teach the medicine students how to administer dental blocks while I was invited to be part of suture workshop by the medicine students.

All in all, my time on Thursday Island is probably going to be the most memorable experience of my degree. Living remote certainly did have many downsides: like limited and expensive goods and services and not being able to drink the tap water. But the lifestyle, people and cultures of the Torres Strait Islands made it all worthwhile.

Given a chance I would certainly head to work on Thursday Island in the future. ●





connect

how deadly is 50-degree heat?

Australia's cities face the new reality of climate change

By Mira Adler-Gillies

(ABC News online September 2018)

Buckled train tracks, grounded planes, melting bitumen and massive blackouts: the dystopian vision of the 50-degree city is closer to reality every day.

With wildfires raging around the Arctic Circle, unprecedented heatwaves in the Northern Hemisphere and record temperatures being set from Algeria to Canada, the world is getting inexorably hotter.

And the combination of rising global temperatures with increasing urban density is proving deadly.

Now, 50 degrees Celsius, once only associated with places like California's Death Valley or the desert wilderness of Oman and Iraq, is an increasingly frequent occurrence.

A recent study, led by Australian National University climate scientist Dr Sophie Lewis, speculated that 50°C days could occur in Sydney and Melbourne within the next few decades.

Heading into 'unknown territory'

So, what happens to urban populations when our cities get halfway to boiling? Are they equipped for the impending heat or are we heading toward urban catastrophe?

It's an urgent question as we enter 'unknown territory', according to Marco Amati from RMIT University.

"One image that stuck out for me was, toward the end of the Millennium drought, the picture of railway workers, in Melbourne, spraying railway tracks to try to keep them cool because they were bending out of shape from the heat," Professor Amati said.

Above: Sydney and Melbourne could see 50-degree days within the next few decades. (ABC News: Mary Lloyd).

"We have a number of systems within cities that we rely on – things like air conditioning, transport, even the asphalt is changed by extreme heat – and we don't actually know how we can cope with that in large cities.

"The way we are building cities, as higher density, highly engineered areas – you have to wonder at what point are we going to exceed those engineering constraints?"

That question is now a matter of life and death as heatwaves become increasingly common.

Associate Professor Camilo Mora, from the University of Hawaii, says the threshold at which heat becomes deadly can vary, but a growing percentage of the world's population is now exposed to conditions exceeding that limit.

"Extreme heat is an abnormal condition for the body," he says.

"We have an optimum temperature that is around 37 degrees so every time that it's hot the body wants to activate mechanisms to cool down."

One of those mechanisms, he says, sends blood to the skin so that through the process of sweat evaporation, the blood can cool down.

"When hot conditions last for too long you deprive certain organs of blood, specifically the gut and the lining of the gut breaks... [causing] a condition called blood poisoning," he says.

"The cells start attacking these particles inside your body, creating coagulations that eventually clog the kidneys and parts of the lungs."

Health, infrastructure and economic consequences

Professor Mora says his research shows that by the end of the century over half the world's population will be exposed to this kind of deadly heat for at least 20 days a year

In July this year a heatwave that swept across Quebec in Canada killed over 90 people in just over a week.

"Extreme heat is an abnormal condition for the body..."

A devastating mortality rate, according to Professor Mora, that pales in comparison to the more than 60,000 heat-related deaths during Europe's 2003 heatwave.

But, he says, the health impact is only one of many consequences including crippling infrastructure and economic paralysis.

"We see not only damage to the railroads but concrete also cracks so then you have roads that need to be fixed," he says.

"In some places the wires start melting because it just gets too hot at the moment when everybody is turning on their air conditioners – as a result they touch each other and create these massive blackouts.▶▶



» “In the US, for example, in any temperature that is above 110°F, planes cannot fly because... the density of the air is not sufficient for these planes to take off.”

Adapting our cities to these new extremes is a costly exercise, particularly in places like Europe with very old infrastructure, Professor Amati believes.

“But even then when you retrofit a warmer climate, the air conditioning that they use in places like Dubai and Abu Dhabi is different to the air conditioning that [we] use in Australia,” he says.

“They use different coolants in those places to adapt to those circumstances; but it still becomes an issue of cost, of retrofitting those areas and it is still a very practical issue.”

The effects of severe weather of course are not evenly distributed; developing countries are particularly vulnerable to rising temperatures.

Studies have shown that race and class are key factors in susceptibility to the worst effects of

climate change, from the proximity to green spaces to exposure to air pollution.

But even in developed nations, extreme heat reveals in the starkest terms some of our cities’ deep inequalities.

Wealthy nations, Professor Mora says, are far from immune.

“For instance, in Miami right now, to deal with the ... sea level rise that is damaging the roads they have to invest [billions of] dollars,” he says.

“[That] money that could have gone towards education or health now has to be spent on raising the levels of the highways.

“The same goes for electricity; I know that places in Australia are dealing with a high demand of electricity during these heatwaves because everyone turns on their air conditioning, so now you have to make massive investments in improving the electrical grids.”

Above: Train tracks can buckle when they expand in severe heat. (ABC TV).

Paint the houses’ roofs white

Mitigating against the worst effects of urban heat, however, does not always need to be costly or involve massive infrastructure investments, Professor Amati says.

“In Ahmedabad, in India, they have a wonderful program to simply paint the roofs of informal houses white; there’s no engineering required, there’s no air conditioning required,” he says.

Likewise, greening cities is crucial in limiting harm from heat exposure.

“Places like New York, for example, are putting a lot of money into the restoration of gardens,” Professor Mora says.

So there are other environmental solutions that are good not only to reduce the heat but also help to mitigate greenhouse gases as well.”

The question of whether we are equipped to cope or not is a matter of planning as much as anything else, according to Professor Amati.

“I think it’s really a question more... about the building regulations and about the way in which we array our suburbs and the density we live at,” he says.

“But [it’s] also the timing and the way we do things. We might have to adapt our work/life schedules more towards taking siestas in the afternoon, for example.

“As it is, at the moment, a heatwave strikes, everyone downs tools — people don’t go to work and there’s a kind of a catastrophe.

“I wonder whether we shouldn’t be adapting the way we work to fit this new reality better.”

‘It’s going to be a nightmare’

But Professor Mora warns against adaptation as a substitute for real action on climate change.

“Let’s try to prevent those heatwaves from happening in the first place rather than trying to live with those things,” he says.

“It’s going to be a nightmare. Every single summer we are going to be paralysed because these heatwaves can pose a danger to us.

“[But] it’s not too late for us to fix this problem.”

Dr Lewis agrees that despite the dire outlook, the nightmare is not yet inevitable.

“We found that there are huge benefits to limiting global warming for reducing the severity of future extremes in Australia,” she says.

“We are currently on track to exceed 3 degrees of global warming, which would correspond to even more severe extremes.

“That means we have to be acting now to reduce this possibility and to prepare cities for high magnitude future extremes.” ●



Photo: Wendy Young.

syphilis outbreak – a call to arms!

**Edwina Jachimowicz – Coordinator:
Nursing & Midwifery Education,
SHINE SA**

**Dr Amy Moten – Coordinator: Medical
Education, SHINE SA**

Nearly eight years on and the syphilis outbreak continues among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. This outbreak began in January 2011 in northern Queensland (Qld), and has extended into the Northern Territory (NT), Western Australia (WA) and South Australia (SA).

It is of particular concern that new regions continue to be affected by the outbreak, with the Pilbarra region of WA declaring its first syphilis notification associated with the outbreak in February this year.

Data to 30 September 2018 indicates a total of 2335 cases of infectious syphilis associated with the outbreak, predominantly in the 15–29 year age bracket, including seven confirmed and an additional two probable cases of congenital syphilis with three confirmed, and further probable, associated deaths.⁽¹⁾

Syphilis is caused by *Treponema pallidum*, a spirochaete bacterium generally acquired through sexual activity with an infected person. Syphilis is most infectious within the first two years of infection, spreading easily through direct contact with active lesions or transplacentally during pregnancy. It has severe health implications for the infected individual and can also increase the risk of acquiring other sexually transmitted infections.

Below: Dr Amy Moten and Amanda Sibasado during the recent filming for *Young Deadly Free*.



If present in pregnancy, stillbirth or severe congenital abnormalities may result.^(2, 3) With predominantly young (and fertile) people infected by the outbreak, this is of considerable concern. While syphilis is included in routine antenatal screening, additional screening during pregnancy for those at high risk or those living or travelling in outbreak areas should be considered and some States and Territories have developed specific guidelines around this.⁽⁴⁾

Diagnosis of syphilis is by a combination of serology, history and clinical assessment,

however approximately 50% of people infected with syphilis will have no symptoms and so will only be diagnosed through serological testing. Seeking specialist advice is recommended for interpreting serology as well as for cases diagnosed in pregnancy.⁽⁵⁾

Syphilis is treated with antibiotics with duration of treatment dependant on the stage of infection. SA Health (p.4) states that "the individual is no longer infectious 24 to 48 hours after starting appropriate antibiotic treatment"⁽⁴⁾ which is heartening given the dire impact of the syphilis outbreak to date. ►►

►► The *National strategic response to the disproportionately high rates of STI and BBV in Aboriginal and Torres Strait Islander people* and its associated Action Plan have been developed with a primary objective of responding to the syphilis outbreak. It is expected that the disproportionately high rates of other STIs and BBVs in Aboriginal & Torres Strait Islander people will also be addressed as the Action Plan evolves over time and the priorities for managing Indigenous BBV and STI change.

Community education, health promotion and campaign activities focussing on safe sex practices, including condom use and normalising testing and treatment are also important strategies to employ.

What can you do to help?

The National Action plan (p.8) states “Increasing the number of people tested, frequency of testing, the subsequent treatment of those infected and contact tracing of known sexual contacts, will likely be the most effective strategy to control the current outbreak of infectious syphilis.”⁽⁶⁾

Follow best practice guidelines⁽⁵⁾ by:

- Offering testing opportunistically when seeing Aboriginal and Torres Strait Islander people who are asymptomatic, especially young people aged 15-30 years (or from age of first sexual exposure up to 34 years if from remote and very remote areas).
- Always testing and offering examination when reports of any potential STI symptoms – discharge, dysuria, pelvic/low abdominal pain, post-coital or intermenstrual bleeding, dyspareunia or genital lesions.

- Offering Aboriginal clients the option of having an Aboriginal Health Worker present during part/all of the consultation.
- Remember that contact tracing is important and best undertaken when appropriate and culturally sensitive support services are readily available to all concerned

Community education, health promotion and campaign activities focussing on safe sex practices, including condom use and normalising testing and treatment are also important strategies to employ. A multi-strategy STI awareness-raising campaign, developed by the South Australian Health and Medical Research Institute (SAHMRI) and funded by the Commonwealth Department of Health in response to the ongoing syphilis outbreak is available as a resource. Titled *Young, Deadly, Free* the website offers information and resources for clinicians and health workers as well as young people, their parents and elders on STIs & BBVs. It also includes a dedicated *Young Deadly Syphilis Free* campaign. Check it out in the resources below.

“Increasing the number of people tested, frequency of testing, the subsequent treatment of those infected and contact tracing of known sexual contacts, will likely be the most effective strategy to control the current outbreak of infectious syphilis.”⁽⁶⁾

(AHPPC, p.8)

Resources

- Australian Government Department of Health Infectious syphilis outbreak <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-infectious-syphilis-outbreak.htm>

- *Young Deadly Syphilis Free* campaign <http://youngdeadlyfree.org.au/young-deadly-syphilis-free/>
- Free access to SHINE SA’s recorded Clinical Forum: Syphilis Update featuring Carole Khaw, ASHC Sexual Health Physician <https://www.shinesa.org.au/events/education-forums/>

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6. Australian Health Protection Principal Committee (AHPPC) Governance Group (2017) *Action Plan – Enhanced response to addressing sexually transmissible infections (and blood borne viruses) in Indigenous populations* Australian Government ●

SHINE_{SA}



Photo: Janelle Ussher

rural doctors workforce agency (RDWA)

The RDWA is one of seven jurisdictionally-based Workforce Agencies whose focus is exclusively rural.

The Rural Workforce Agencies (RWAs) collaborate to provide a national understanding of issues and policies impacting on the rural primary health workforce. As a consortium the RWAs are the fund holders for the John Flynn Placement Program, the Health Workforce Scholarships Program and the National Rural Health Student Network.

For 20 years, the Rural Doctors Workforce Agency has been providing services and programs to support our rural workforce so that people living in rural South Australia have access to high quality primary health care services.

RDWA has strong foundations in the support and enhancement of general practice, and this has

expanded over the years to include a focus on specialist, allied health and nursing professionals.

In addition to our future workforce, recruitment and retention activities we are also the fund holder for the Commonwealth Outreach programs which mobilise over 200 Specialists and Health providers to provide local services for Indigenous and non-indigenous communities.

With the introduction of the Health Workforce Scholarships Program the RDWA has been able to provide significant support for the continuing professional development of primary health care professionals working in rural and remote areas of South Australia.

Through the program, RDWA is able to provide Scholarships of up to \$10,000 per year for up to two years to health professionals who want to further their skills, capacity and/or



scope of practice in their discipline through recognised post graduate education. There are also bursaries of up to \$5000 for upskilling and professional development that will increase the health professional's capability to service their communities.

Applications are assessed on the basis of eligibility and against priority areas of need and priority professions. Priorities are determined each year as part of a comprehensive needs analysis that considers the health workforce needs of each town in rural South Australia.

During the 2017/2018 year, 146 health professionals including Nurses, Psychologists, Aboriginal Health Workers, Physiotherapists, Social Workers, Dietitians, Podiatrists, Optometrists, Occupational Therapists, and Speech Pathologists were awarded grants through the Health Workforce Scholarship Program.

People from 40 different country communities will benefit from increased access to qualified health professionals as a result of this support to the rural workforce.

To find out more about the RDWA, visit the website at www.ruraldoc.com.au



new palliative care and end-of-life portal supports health professionals to make informed decisions for best practice care

Trish Amaranti, Senior Research Officer, Australian Indigenous HealthInfoNet

The Australian Indigenous HealthInfoNet (HealthInfoNet) from Edith Cowan University in Perth, Western Australia and Palliative Care Australia (PCA) recently joined forces to launch the new Palliative Care and End-of-Life Portal project for health professionals who support and provide care for Aboriginal and Torres Strait Islander people, their families and communities during end stages of life.

The launch which took place in Canberra at Parliament House on the 16 October 2018, was attended by PCA CEO, Liz Callaghan, who said Aboriginal and Torres Strait Islander people have specific care needs at the end of their life which must be recognised and respected. She affirmed the resource portal responds to the need for a central place to access culturally appropriate and largely community developed resources regarding palliative care, including grief and bereavement, as identified at the Indigenous Roundtable hosted by PCA in February 2018.

The Palliative Care and End-of-Life portal is housed on the new responsive HealthInfoNet website under Learn Health Systems:
<https://healthinfonet.ecu.edu.au/learn/health-topics/palliativecare/>

The portal is designed to support health workers, clinicians and policy-makers access research and information on palliative and end-of-life care for Aboriginal and Torres Strait Islander people. Culturally appropriate resources relevant to Aboriginal and Torres Strait Islander palliative care and end-of-life have been sourced from all over Australia and made available through the portal for health professionals to easily access wherever they are – supporting informed decision making and best practice care.

The portal covers key facts about palliative care and end-of-life care, culturally appropriate palliative care and end of life care, grief and bereavement and a section on planning ahead. There is also a connected newsletter and a yarnning place which will be established in early 2019, to enable sharing of knowledge, resources and experience among health workers, as well as promote relevant events, activities and workforce courses. ●

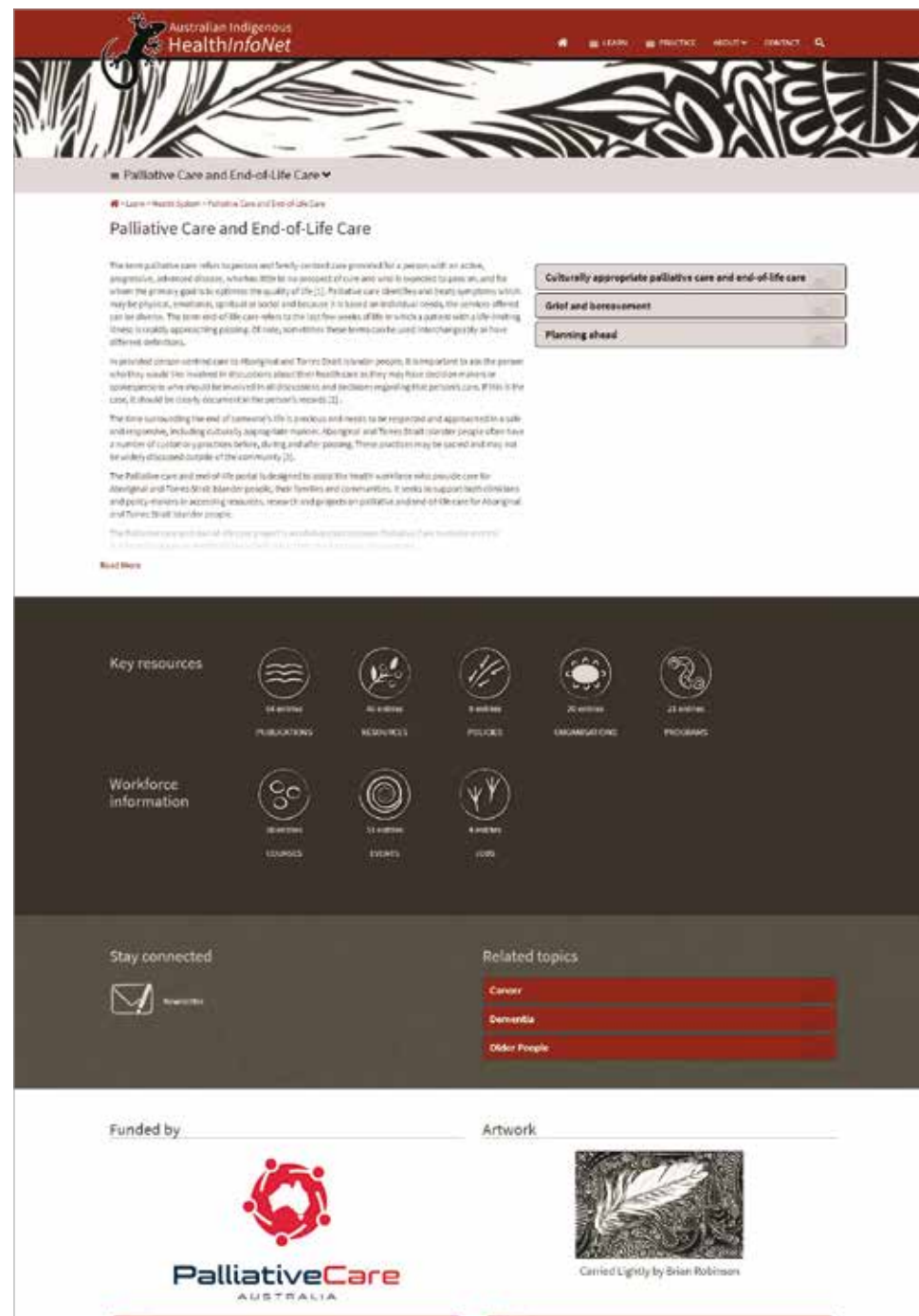


Photo: Robert Morton.

#ruralhealthtogether: a one-stop shop for health professionals needing support



Rural communities are a foundation of our country's economy and society and, in recent months, the devastating impact of the drought on farming communities across NSW has gained national attention. More than 98% of NSW* is still experiencing drought and the media shone a light on the financial, social and emotional challenges facing farmers as they continually sacrifice their own health and wellbeing to feed their animals and save their livelihood.

However, the mental, physical and financial implications of drought extend far beyond farmers. Drought affects the whole community, where the farmers' children attend school and where their families, partners and friends work in teaching, retail, hospitality, health and community.

As the Rural Workforce Agency for health in NSW, the NSW Rural Doctors Network (RDN) recognises how critical it is for doctors, GPs, nurses and allied health practitioners to take care of themselves, particularly in times of crises, so they can continue to keep our rural communities healthy.

To ensure the health of health care professionals is made a priority, RDN has launched #RuralHealthTogether, providing rural health professionals with self-care support and access to mental health-related information for themselves and their patients.

The resource aggregates information so that users can view service providers such as Lifeline and Beyond Blue in one place, seeing the support they provide and contact details. Health care workers are also sharing video and written messages of support.

Some messages so far:

"To all our workers out there who are working with our people in drought affected areas, which is most of the state, we are thinking of you and we are there to support you. You don't have to be part of our service to be supported by us."

Jamie Newman
CEO Orange Aboriginal Medical Service

"...I think it's really important at these sort of times when people are doing it tough, to make sure you take some time to look after yourself and those around you."

Dr Ian Kamerman
Director of GP Synergy

"You're no good to other people if you don't look after yourself first."

Jacqueline Dominish
Principal Allied Health Advisor
at the NSW Ministry of Health

"Who's caring for the carers in tough times?"

Kevin Anderson
Member for Tamworth

* Information correct as at October 29, 2018 according to the NSW Department of Primary Industries.



"It's been wonderful to see so many people share their messages of support for drought-affected communities in NSW by posting messages or videos to social media and using the hashtag #RuralHealthTogether," RDN CEO, Mr Richard Colbran, said.

A key message of #RuralHealthTogether is that depression, stress and anxiety don't discriminate against health professionals.

"I encourage everyone to jump onto social media and send a message using the hashtag."

A key message of #RuralHealthTogether is that depression, stress and anxiety don't discriminate against health professionals.

"We want rural health workers to know we are thinking of them, we do care, and that it's ok to reach out and seek support for yourself to ensure your health and wellbeing is being looked after too," Mr Colbran said.

"We have received an overwhelmingly positive response from like-minded individuals representing health organisations across NSW who have put up their hands to say 'yes, we are here to support you'."

Visit ruralhealthtogether.info to find out more or hashtag #RuralHealthTogether on social media to leave a message of support for your local health workers. ●

The 2018 Glove Box Guide to Mental Health, released by The Land in partnership with the Rural Adversity Mental Health Program (RAMHP), is a 64-page resource which includes personal stories, advice, support and contact information to help improve the mental health and wellbeing of rural communities.

incontinence: you don't have to put up with it

It's rarely spoken about, but incontinence is one of the most prevalent health issues facing Australians, with one in four adults affected by bladder and bowel control problems.

Incontinence is widespread and ranges in severity from 'just a small leak' to complete loss of bladder or bowel control.

The good news is most people affected by incontinence can be better treated, managed or cured. Of course, this can only happen when you seek help – which a staggering 70 per cent of people don't.

Incontinence should never be dismissed as trivial. It is not normal at any age or life stage and should be managed by a health professional as it will not get better on its own.

Adopting healthy bladder and bowel habits can help prevent incontinence:

1. **Eat plenty of fibre** to prevent constipation and to maintain a healthy body weight.
2. **Drink well** to prevent bladder irritability and constipation.
3. **Exercise regularly** to help prevent constipation and maintain a healthy body weight.
4. **Keep your pelvic floor toned** to maintain good bladder and bowel control. Pelvic floor muscle exercises can help at any age and once you get the hang of squeezing and lifting correctly, you can do them anywhere!
5. **Practice good toilet habits** to prevent bladder and bowel control problems. Go to the toilet when your bladder feels full; don't get into the habit of going 'just in case'.



Seek help

The National Continence Helpline is accessible on 1800 33 00 66 to anyone living in Australia and operates 8am–8pm AEST.

Fast facts

- Over 5 million Australians (1 in 4 people aged 15 years or over) are incontinent
- The majority of people affected by incontinence can be better treated, managed or cured
- Incontinence impacts self-esteem, motivation, dignity and independence
- In 2010, the total economic cost of incontinence was estimated to be \$66.7 billion and rising

Whether you're seeking help for incontinence or want to learn more as a health professional, the team of continence nurse advisors can help you with free information and confidential advice.

They provide information on a range of topics including: assessment and diagnosis of incontinence, funding schemes such as the Australian Government's Continence Aids Payment Scheme, continence service providers closest to you and access to free information brochures. ●



improving quality of end-of-life care for older Australians



The ELDAC 'Working Together' toolkit has been developed to assist aged care providers to create or enhance linkages across the aged, primary and palliative care sectors. Working together can reduce avoidable hospitalisations and shorten length of hospital stays for older Australians receiving community or residential aged care.

Other benefits may include increased staff confidence, skills and knowledge about palliative care and advance care planning and improved access to palliative care advice and support.

View the toolkit or email eldacteam1@qut.edu.au for more information.

For health professionals in rural and remote Australia who face challenges in accessing education, the End-of-Life Essentials eLearning meets many educational needs around end-of-life care.

...benefits may include increased staff confidence, skills and knowledge about palliative care and advance care planning and improved access to palliative care advice and support.



Data from the first year of our project (2016/2017) shows that professionals who live in outer regional and remote Australia are more likely to complete all End-of-Life Essentials modules compared to professionals who live in urban areas of Australia.

End-of-life Essentials strives to produce quality peer-reviewed and evidence-based resources for professionals who live across Australia, and it is terrific to know that professionals who live in areas where there are fewer opportunities for education are completing all our education.

New modules have recently been released so that health professionals can increase their confidence and capacity in:

- End-of-life care in Emergency Departments
- Paediatric end-of-life care
- End-of-life care in chronic complex illness
- Imminent death – how to respond

Register or return to www.endoflifeessentials.com.au anytime for free access to all the learning modules with resources, videos and quizzes.

Improve outcomes in palliative care and advance care planning

By working together, aged, primary and specialist palliative care providers can give the best possible care to older Australians at the end of life and produce results they couldn't have alone. To support this, ELDAC's team of facilitators will work with you, at no cost, to create mutually beneficial palliative care and advance care planning objectives across local and regional networks.

Find out more on the ELDAC website or email eldacteam1@qut.edu.au for more information. ●



Photo: Lisa Crouch.

celebrating outstanding contribution to Indigenous health

The Australian Indigenous Doctors' Association (AIDA) recently presented Professor David Paul with the Associate Member of the Year Award for his outstanding contribution towards the health and life outcomes of Aboriginal and Torres Strait Islander Peoples.

Professor Paul has spent his 35 year career building the capacity and quality of healthcare provision for Aboriginal and Torres Strait Islander Peoples through his work as a general practitioner, researcher, advocate and educator.

He says "being awarded the Associate Member of the year means a lot. It is both humbling and an honour to be recognised by peers and colleagues for the work that I do."

We are so pleased to be able to call Professor Paul a member of AIDA. Anyone can support us by becoming an associate member.

More information is available on our website: www.aida.org.au/membership.

Professor Paul says that AIDA has provided many opportunities for engagement and support. "Working as an educator in the Aboriginal health professional space I really appreciate the support, mentorship and opportunities provided for Aboriginal and Torres Strait Islander students.

AIDA also provides students with the opportunity to meet with peers and future colleagues in a culturally safe setting."

AIDA is a not-for-profit, member-based, professional association supporting Aboriginal and Torres Strait Islander medical students and doctors.

Our purpose is to contribute to equitable health and life outcomes and the cultural wellbeing of Indigenous Peoples.

We do this by working towards reaching population parity of Indigenous medical students and doctors, and supporting a culturally safe healthcare system.

Please contact us to find out how you can become a member of AIDA. Call 1800 190 498, email membership@aida.org.au or visit www.aida.org.au/membership ●

Below: Professor David Paul photographed with his award next to Corey Dalton and Dr Jade Walley.
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international

a shift in midwifery education, to accelerate reduction in maternal mortality

The maternal mortality rate in Uganda is horrific, with nineteen mothers a day dying from pregnancy related causes. My initial reaction as a volunteer was one of deep sadness, that led me to be almost paralysed into doing nothing, desperately wanting to go home. But I was passionate to build a midwifery education model to reach the key drivers of cultural thinking, the traditional male faith leaders.

In Uganda, cultural beliefs and practices around pregnancy and family size are deeply connected to beliefs about God and the afterlife. Many believe that the larger your family the more God will value you. Having boys means your spirit lives on after your death. Belief in the power of the spirit world influences behaviour more than medical information does.

The purely medical approach of midwifery has not been able to effect behavioural change in this context.

Realigning our educational approach to leverage the male faith leaders empowers communities. Uganda is a conservative Christian country and faith leaders from every denomination are respected and followed. They are the gate keepers of cultural change. If the medical world could engage their cultural leaders with midwifery knowledge they could instigate changed behaviour to reduce maternal deaths and introduce family planning.

In 1978 I was working in remote Aurukun, Australia. Any unexpected death of a young person required the body to be transported to Cairns for autopsy. Once, I tried to explain to her family the death of a 30-year-old woman from brain aneurysm.

Their response was “Don’t worry sister Margaret, we already know why she died. She kicked a dead man’s dog.” The dead man’s spirit lived on in his dog and was angered by the disrespectful kick so the spirit caused her death. They did not need medical explanations.

Traditional faith leaders in developing communities often distrust medical advances, such as contraception. **Our traditional model of education does not equip us to reach male faith leaders so we need to shift the way we approach midwifery education.**

Wise Choices for Life (WCFL) is a medically sound curriculum, approved by the Ugandan Ministry of Health, equipping locals to facilitate training through drama, discussion and song. ►►





► It engages traditional leaders in discussion of the consequences of child marriage and large family size, giving them their rightful place in determining community thinking and new ideas.

Presenting medical information without including the powerful instigators of change in the community has very limited effectiveness.

It is often assumed that once scientific knowledge is introduced into a community, myths and spiritual beliefs will lessen and people will embrace change.

However, according to Global Data 2013, 99.5% of Africans have some religious connection.⁽¹⁾ This means that "Faith is a primary source of meaning for most communities in developing countries".⁽²⁾

I had to change my outlook before I could lead others to change. We now have traditional faith leaders taking midwifery knowledge into churches, a Christian university, youth groups, prisons, schools and a Bible college.

WCFL is now a registered Non Government Organisation in Uganda, with teams of volunteers and three staff. Thereby realising my original vision for communities to lead the way toward change to reduce maternal mortality using a unique midwifery model.

I hope this story encourages you to include traditional faith leaders in programs in your setting.

Marg Docking
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midwives and birth workers volunteer to support maternal, neonatal and child health initiatives in Luang Prabang Province, Laos



By Jenny Blyth, Steffi Arvanitakis, Clare Eccleston, Fiona Hallinan and Tere Garnons-Williams

Situated in the north of Laos, Luang Prabang province is sparsely populated with a great number of diverse ethnicities. The most remote areas are often the mountainous ones, where the soil is not rich for agriculture and water is difficult to access. Most villagers live at subsistence level.

Above: The team Clare, Steffi, Fiona, Jenny and Tere.
Right: A special gift to Ponsavan, our delegate interpreter.

Maternal mortality rate is 197 per 100,000 usually due to haemorrhage, sepsis, eclampsia and obstructed labour. Infant mortality (under 5) is 51 per thousand births and includes neonatal deaths. The main causes of neonatal mortality are asphyxia, prematurity (hypothermia) and infection. In nutritionally poor communities in northern Laos the incidence of Beri Beri (caused by thiamine deficiency in mothers) is commonplace.

The lack of medical resources and training for local maternity care providers is highly influential, as the care providers are responsible for dispersing information and educating the local women and their families. ►►



►► The lack of resources and training also increases the transfer rates and this comes with its own challenges, as ambulance services are rare and women are often transported either on a motorbike or in a car procured at great expense. At other times, women refuse transfer due to prohibitive cultural beliefs or the fear of being treated unkindly and without privacy when they reach the appropriate health care facility. Access to health care is further challenged by poor weather and road conditions; lack of transport generally (or lack of money to pay for transport); and fear of safety on the journey.

Globally, there is recognition of these and other difficulties that restrict the implementation of the ideal free maternal health care and 'western style' modern obstetric care services for all pregnant women. In some countries these services are declining without being replaced with systems that address the issues while in Laos, the current government is exploring strategies that will address these issues.

One such strategy is the training of local midwives and health workers in low-tech skills that are adaptable to difficult conditions.

In January of 2017, our team of self-funded Australian midwives/maternal & child health nurses and childbirth educators/ birth attendants ran a five-day 'refresher' training in Luang Prabang, a town in Northern Laos, at the request of the Lao project co-ordinator for Red Cross. The team was specifically chosen based on previous experience with caring for women of multi-cultural backgrounds; experience in homebirth (birth in a non-medical environment); and some experience in remote area maternity care. As maternity care providers that specialize in physiological birthing techniques and with a 'no-frills philosophy (i.e. low cost; low resource), we were able to offer our support through the development and implementation of an appropriate training package. ►►

Below: Steffi and Clare demonstrate birth positioning and support. Right: Neonatal resuscitation practice. Below right: Event sample bag items.



► The Red Cross responded by targeting and inviting 30 midwives, health workers and district trainers from the Chomphet and Phonesay districts. The participants were presented with training that focussed on emergency procedures in low resource settings; preventative care strategies that included compassionate care, optimal positioning and the utilisation of positioning strategies that could be used in the event of unusual presentations (these often leading to obstruction/complications). We also included experiential body-awareness which included interactive exercises and role-playing used to increase understanding of basic physiological and anatomical changes associated with birthing.

Educational aids such as those produced by the CRANApplus team (used with permission) and a series of posters translated in Lao and specifically made for the project (depicting positioning and basic emergency procedures for birth) were great assets for learning. Extra supplies for the clinics were also acquired and distributed. We also ensured that each participant took home an event bag filled with essentials such as nailbrushes, soap, gloves, pinnards, tape measures, scouring pads and manicure sets.

The training was a great success with a focus on hands-on skill development utilising kindness and communication (as well as laughter and love) as logical imperatives to positive outcomes.

Our experiential, preventative approach addressed a much-needed aspect of education where the ideal of implementing 'medical care for all' is often difficult to realize with limited resources.

The senior midwifery, public health and medical staff found that the training tied in nicely with the current national focus on Maternal & Child Health in Laos and in December 2017, we were invited to return in order to follow-up and consolidate the training. This time, we were asked to present the training in each of the two district outlying hospitals over four days, then travel to the most remote outreach centres to gain a better understanding of the conditions, and train the health staff there.

The aim was (and will continue to be) to optimise maternal and child health outcomes through the education, support and training of midwives and health workers in preventative care and skills that they can adapt to difficult conditions.

What we delivered

- The importance of kindness and compassion in birth, keeping up morale and maintaining a friendly attitude
- The importance of hygiene and nutrition for mother and baby alike in pregnancy, birth and postnatal
- Effective birth positions
- The need for privacy for women at the time of birth
- Using resources and medications wisely
- Perineal tearing vs episiotomy
- The benefits of delayed cord clamping to the newborn
- Post birth care of the newborn – temperature, breastfeeding, skin to skin contact with mother
- Recognition of a labour deviating from normal
- Responding to labour complications e.g. obstructed labour, abnormal presentations e.g. OP, breech, postpartum hemorrhage
- Managing complications when isolated or when transferring
- Anticipating the unwell newborn, neonatal resuscitation, ongoing care of unwell newborns
- Discussion of problems faced and possible solutions and strategies.

Community discussion

- Bringing together staff and pregnant women and community members from outlying villages at the outreach (most remote) health centres
- Discussing concerns they may have regarding transport options, cost of help and medicines, what happens under clinical care, how to accommodate the need for changes of position in birth
- How health workers can to best share information and educate women and families about birth. ●



Left: A regional ambulance.

changing nature of war

» Continued from page 21

Conflict has both direct and indirect effects on people's health and on the overall health system. There are also wider societal consequences and ethical issues, particularly the routine breaking of the Geneva Conventions. When armed conflicts kill and maim more civilians than soldiers the health community has an obligation to speak out. There must be strong advocacy to ensure that those that commit crimes against health care are held to account. The health community must pressure governments to pursue international justice and demand accountability for, what can only be described as war crimes against health care. This should be done in solidarity with our colleagues in the field and their patients whose safety is at risk.

Geneva Conventions

The protection of health care workers, patients and infrastructure in conflict zones, is largely governed by International Humanitarian Law such as the Geneva Conventions. These are rules that apply in times of armed conflict and seek to protect people who are not taking part in hostilities; these include the sick and wounded of the armed forces, prisoners of war and civilians. The Geneva Conventions, place a

limit on how war is waged. Their purpose is not to stop war but rather to limit the barbarity of armed conflict.

Essentially these rules of war mean five things:

- No targeting civilians
- No torturing or inhumane treatment
- No attacking hospitals and aid workers
- Giving safe passage for civilians to flee
- Giving access to Humanitarian organisations

Following these rules is challenged by the changing nature of war and the rise in numbers of armed groups taking part in conflicts, groups that have not been professionally trained.

Many of them have loose command structures and form shifting alliances. Armed groups that lack hierarchy are less likely to adhere to the rules of war. Commanders may not have direct control over their fighters and the code of conduct is not always clear. This is even more relevant now, when modern day conflicts are more and more internal conflicts rather than wars between two countries, using professional armies.

It is not only the governments that have signed and ratified the Geneva Conventions that are bound by them. The moment a group takes up armed struggle as an organised body, it has obligations under International Humanitarian Law.



Above: A rescue boat of the Spanish NGO Proactiva approaches an overcrowded wooden vessel with migrants from Eritrea, off the Libyan coast in Mediterranean Sea. Right: A father boards on an overcrowded passenger boat with his child sat on his shoulders at Sadarghat boat terminal in Dhaka.



International Committee of the Red Cross

The aim of the ICRC is always to fill the gap between the needs of the victims and the services available for as short a period of time as possible. The ICRC takes care to work with and for ALL parties to the conflict as well as to coordinate with other aid agencies. Only then can we work by some of the main principles of the Red Cross Movement; Impartiality, Neutrality and Independence.

Mass displacement and asylum seekers

We are living in times characterised by mass displacement, an inevitable consequence of war. Presently around 70 million people worldwide are forcibly displaced because of persecution, conflict, violence or human rights violations. The landscape of displacement is changing. In the past the majority of the displaced lived in huge refugee camps. Nowadays, however most refugees and IDPs live in urban areas, where language barriers and poverty can make access to health care difficult. The anonymity of the cities

makes it difficult for both local authorities and aid organisations to target the displaced population.

Asylum seekers are one of the most vulnerable groups within our society and often have complex health and social care needs. Many have come from areas where health care is poor or has collapsed, a number of them have faced imprisonment or torture, some have come from refugee camps where nutrition and sanitation have been poor, placing them at risk of malnutrition and communicable diseases.

Throughout history people have migrated in search of a better life, for a wide variety of reasons. Today, however, migration is accompanied by a largely negative perception of migrants, refugees, internally displaced people or asylum seekers. The bottom line is that people on the move have the same rights as everyone else, whatever it was that caused them to embark on this journey in the first place and whatever their label may be. This should be the starting point for how we, as health professionals, tackle the challenge of taking care of them. ●



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