

issue 113 | autumn 2019

CRANA *plus* magazine

RRP: \$10.00

the voice of remote health

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



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from the editor

When considering a cover for this edition I looked for an image to reflect the weather extremes experienced over recent months: drought, fire and flooding rains. We see these images daily in the media and the heartache and trials to which many in rural and remote Australia are subjected.

Then I came across the photo of Maggie from Daringa, Queensland. A bright uplifting image, the ideal image to grace our autumn cover. Here's hoping autumn signals a reprieve from the weather of the recent past.

In this edition you'll read about the recent CRANAplus Rural Health Symposium held in Canberra and the current and emerging issues challenging rural nursing. Some will come as no surprise.

Our CRANAplus Bush Support Services *Response to the New South Wales Drought* project is a series of workshops for health professionals at the coalface in drought-affected NSW, promoting positive mental health and resilience. You will also read articles from regular contributors, psychologists Christine Martins and Therese Forbes, offering a 'Conflict Toolkit' for the Remote Practitioner and insights into the importance of Reflective Practice. And our Education unit announces it will be delivering live presentations online by the middle of the year, making learning more accessible, more consistent and in many cases more cost effective for the remote workforce.

The CRANAplus After Hours Aged Care Project reports on the Project Outback Dental (POD) visit to Ozcare Port Douglas in Far North QLD, one of four Residential Aged Care Facilities for which it advocates.

Other articles in this edition include reports from healthcare students about their experiences during their remote clinical placements, stories from members and offers to you from stakeholders of available resources, ranging from online learning platforms delivering neuroscience research to modules about End-of-life Essentials and Emergency Contraception. And much much more.

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CRANAplus
improving
remote health



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

Magazine circulation 60,000.

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

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

About the Cover: Maggie from Daringa Queensland, courtesy of Jessica Howard Photography (jessicahowardphotos.com).

from the ceo



Dear CRANaplus Members and Stakeholders,

Welcome to the first CRANaplus magazine for 2019, yet another lavish edition of this popular little Remote Health Mag.

It's going to be a big year for CRANaplus as we focus our energy to ensure that all of our elected (and wannabe elected) representatives are aware of the issues that plague remote healthcare in this country and the significant investments that are needed to reduce the inexcusable inequity in health outcomes between urban and remote Australians.

With a Federal election looming, this is a valuable opportunity for CRANaplus to seek long term commitments from our leaders to better support the crucial role that the remote and isolated health workforce plays in improving access to healthcare.

Working for CRANaplus, I'm extremely fortunate to have an employer that supports me with the significant costs (money and time) of doing the essential education required to practise safely as a Remote Area Nurse (RAN). They understand that it's about being safe as a remote clinician practicing at an extended level often in resource poor, high-risk locations.

Last year I had the chance to practice clinically in community palliative care, a great opportunity to expand my RAN skills. Before I head out on my next remote clinical placement I want to obtain my RAN certification, therefore I'm busily catching up on mandatory education. Over the New Year break I undertook my Advanced Life Support (ALS) through CRANaplus e-remote and the online Pharmacotherapeutics with the Centre for Remote Health, both of which I highly recommend. Now I'm in the process of completing my Maternal Emergency Care (MEC) and Remote Emergency Care (REC)!

Many RANs, the backbone to our remote health care system, have to self-fund the 1000s of dollars and weeks of study themselves. The CRANaplus RAN certification process clearly spells out what the profession believes are the MINIMUM standards and the associated educational preparation and maintenance, effectively 'quantifying' it and making it easier to argue the financial and educational leave requirements that should be available to Remote Area Nurses and Midwives.

Remote and rural communities having access to a safe, sustainable, supported and an educationally prepared remote health workforce, now and into the future, is a fundamental responsibility of all levels of government. Let's insist that our necessary educational preparation, that differentiates us from other areas of our professions, is seen as a health system responsibility, not an individual clinician's one.

Cheers

Christopher Cliffe
CEO, CRANaplus



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

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This conference is proudly delivered by Rural Health West in partnership with WA Country Health Service through the Better Medical Care Initiative

The CRANaplus Conference brings our family of Remote Healthcare workers together like nothing else.

Each one offers a unique opportunity to present and share important ideas and experiences with colleagues and key industry leaders from across Australia and around the world.

It's about empowerment, knowledge and friendship. It's about sharing and support. Most of all it's about knowing that no matter where in the world you practice Remote Healthcare - you are not alone.

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

engage

from the chair

Personal safety training for the remote area workforce received an adaptive and flexible education program, designed for the local context in late 2018 that I hadn't had time to catch up on till recently.

As an organisational priority for our members and the broader remote health workforce, you can be proud of this achievement and recognition gained as an industry leading in this challenging area. As a result of challenges with access, the situation was analysed to better inform how we can do better in the future, including articulation of the program into other formal courses, thus being one component of the larger framework of professional development for the rural and remote health workforce.

The CRANA Rural Nursing Symposium in Canberra was a jam-packed day in late February that highlighted the positives and the challenges in rural nursing with many participants

demonstrating the passion and compassion for their community that we so often see across the health sector. When it comes to country health services, we all agree this is a core component for consideration whenever rural priorities are the focus of discussion.

I encourage you to read with interest the piece further on in the magazine detailing the outcomes of this symposium that CRANAplus was proud to supply.

The newly acquired CRANAplus office and warehouse in Adelaide is up and running with a big congratulations to all the staff for achieving a new, warm and inviting space. A recent Board of Directors meeting took place there with all directors impressed at the speed of achieving the transition. I am delighted that the Board has approved the instillation of solar energy and other strategies to create a 'green' office as a part of our contribution to reducing omissions.



Photo: Steve Batten.



With an election on the way we have set up CRANAplus strategically to engage opinion leaders and politicians from across the spectrum of major and minor parties along with the Independents. It's our responsibility to not only representing the rural and remote health workforce, but to challenge in a respectful manner any statements or policies that go against our goals. Just disagreeing isn't enough, we need to work tirelessly behind the scenes to change people's minds with the truth and evidence.

As an organisation, we are pleased that we have been received well by politicians and support has been forthcoming for our remote health sector.

As an organisation, we are pleased that we have been received well by politicians and support has been forthcoming for our remote health sector. All engagement opportunities in recent times have seen our work and the contribution of the remote and isolated health workforce recognised and valued as an essential and solid backbone in health care access for rural and remote Australian communities. But of course, we are not resting on our successes... there is lots more for us to do to ensure commitments are honoured and we reduce the health disparity between urban and remote Australians.

Best regards

Paul Stephenson
Chair, CRANAplus Board of Directors ●

enhancing care for aged care residents



In a first for south-east Queensland, a nurse-led research project is being trialled to enhance care for aged care residents with West Moreton Health joining the Darling Downs and West Moreton PHN and the University of Southern Queensland on the Residential Aged Care Facility Project.

West Moreton Health data shows more than 1,000 Residential Aged Care Facility (RACFs) residents present to the Ipswich Hospital Emergency Department each year. Of these presentations 90 per cent are admitted to hospital – a 20 per cent higher admission rate compared to those not living in aged care facilities.

Research shows that elderly community members have better health outcomes when they are cared for in their home environment and that many elderly patients experience negative outcomes – such as functional decline, delirium and hospital-acquired illnesses – when admitted to hospital.

The nurse-led project will work to ensure aged care residents can access earlier assessment and treatment in their home environment – the RACF – with the aim of reducing preventable health declines and hospitalisations. The 12-month project will use contemporary care guides to support registered nurses and personal care staff to recognise patient deterioration and provide safe, evidence-based care.

Research shows that elderly community members have better health outcomes when they are cared for in their home environment...

Based on 2009 New Zealand research, the care guides provide clinical reference for common conditions often encountered in RACFs such as congestive cardiac failure, constipation and dementia.

The previous research trial showed the care guides to enhance thoroughness of nursing assessments, assist in care planning and promote early health intervention to prevent avoidable health decline.

The project will be supported by a West Moreton Health Nurse Practitioner working across two participating RACF trial site locations to aid the integration and adoption of the care guides by staff. A comprehensive education program, designed in partnership with the RACFs, will

provide additional support to the nurses and personal caregivers.

It is expected that improving residential aged care residents' health journeys will have positive flow on effects for the residents', the aged care facility and local healthcare providers.

The University of Southern Queensland's research team will know by September 2019 if the program has been successful in the trial facilities and if the project is viable to be rolled out further in the West Moreton region. ●



Left (left to right): Jo Vincent – Bolton Clarke Milford Grange Personal Care Worker, Jean Gaudie – aged care resident and Coral Niesler – West Moreton Health Nurse Practitioner. Above (left to right): Graeme Robertson – aged care resident, Coral Niesler – West Moreton Health Nurse Practitioner and Michelle Sczesny – Bolton Clarke Milford Grange Personal Care Worker.

rural nurses unite

Workforce retention and funding issues have surfaced as the major current and emerging challenges facing rural nurses in Australia.

More than 60 rural nurses, leaders and academics gathered in Canberra for the Rural Nursing Symposium hosted by CRANaplus in February to identify and prioritise key issues that are unique to rural nurses now and into the future.

CRANaplus has committed to collating a summary of the themes and solutions discussed at the symposium to distribute to stakeholders, and those unable to attend are urged to contribute to this key priorities document.

According to Amelia Druhan, Policy and Stakeholder Coordinator at CRANaplus, this document is all part of 'what next?': how to best

harness the energy and ideas from the day in a direction that will be effective and enduring.

No surprise that recruitment and retention is a major issue, says Amelia.

"As with remote nurses, rural nurses are an ageing population and there are systemic issues with recruitment and retention," she says. "Achieving an appropriate, safe skill mix on all shifts in a small rural facility is a constant pressure. Many are concerned by the lack of an identified 'pipeline' into the profession and the barriers for rural communities to grow their own workforce. In addition, the issue of how well, or otherwise, nursing students and graduates are supported in the rural context came up time and again."

Below: Participants shared views and experiences.

Right: Q&A Session.



Funding was the other significant issue to emerge. "Cuts to services, programs, equipment, resources, staffing and scholarships have taken a heavy toll," says Amelia. "MBS barriers which prevent the full utilisation of a workforce already in-situ, especially Nurse Practitioners, causes frustration for many. The lack of mental health services in rural Australia is also of deep concern to nurses."

The summary document will also point out the recognised need for a united professional voice for rural nurses and will outline discussions on existing and new forums and opportunities required to amplify the voice of the rural nurse collective.

The symposium also focused on the positives of rural nursing and those who attended had the opportunity to hear from two rural nurse leaders who shared optimistic stories of what can be achieved at the grass roots level. Jason Pheilier RN, Lorne Community Hospital, explained how creative thinking (including approaching the ladies at the local op shop for funding) resulted in increased nursing capacity in his service. With the purchase of a new bedside ultrasound machine and training in x-ray for nurses they

are now able to provide improved primary and urgent care for their community. Karen Schnitzerling RN, Tamar Health Tasmania, told a story of perseverance and commitment when she described how, over a period of 10 years, her small facility was able to bring back acute, emergency equipment and treatment provided (in large part) by nurses.

"Rural nurses have a deep sense that they make a valued contribution to something much bigger than themselves..."

All of those present shared what they love about being a rural nurse. In large part that is all about community, says Amelia. "Rural nurses have a deep sense that they make a valued contribution to something much bigger than themselves. And of course, they do. When it comes to the health and wellbeing of rural communities, nurses make perhaps the most significant contribution of all." ▶▶





▶▶ Rural nurses value being a specialist generalist, a model that should be celebrated and promoted as unique and something worth aspiring to. They would like to see a dedicated rural pathway for nurses in the same way doctors are supported through the rural generalist program.

We hope that the Rural Nursing Symposium and the ongoing efforts we have planned provide a clear demonstration of the commitment at CRANaplus to draw together the experiences and wisdom of rural nurses, says Amelia. "With that wisdom and experience in hand we plan to take every available opportunity to ensure rural nursing is on the agenda with governments

Above: Prof. Paul Worley – Rural Health Commissioner.

and stakeholders. Rural nurses often go remote and remote nurses regularly transition back to the rural setting. CRANaplus understands the egress between the two and believes that improvements in one will benefit the other in the long term."

If you would like to become part of the CRANaplus Rural Nursing movement you can do so by becoming a member at www.crana.org.au When completing your membership application please consider opting in to our Rural Nursing Network of Interest; a great way to get connected with others who are passionate about rural health.

"We are planning opportunities for you to be heard in the near future," says Amelia. "Watch this space..." ●



supporting rural nurse engagement with palliative care



The Australian population is living longer, but not for ever. As we age with an increasing burden of chronic conditions care priorities change as cure becomes unlikely. To ensure all health professionals are supported to develop the required skills, palliAGED provides free access to evidence-based resources for palliative care practice including:

- Practice centre
- Evidence centre
- Symptoms and Medicines for terminal care
- Mobile apps for nurses and GPs
- Soon to be released Practice Tip Sheets for careworkers

The Rural Nursing Project commissioned by CRANaplus examined Factors Effecting

Engagement and Disengagement for Rural Nurses.¹ New graduates working in rural areas reported that the breadth of skills generally required in rural settings often surpassed what is taught in their undergraduate studies. While the move away from speciality care had resulted in deskilling of the rural health workforce, and many were finding completion of required Continuing Professional Development (CPD) a challenge. Here we discuss some of the support available to address these issues with respect to the care of older people in rural Australia.

Rural population ageing and an increasing prevalence of chronic diseases is changing the nature of rural centres. Review of the listed cause of death in different geographical areas of Australia demonstrates a greater burden in regional and remote areas for many chronic conditions including coronary heart disease, lung cancer, chronic obstructive pulmonary disease, and kidney failure.² ▶▶

► Interestingly, dementia listed as cause of death is more common in urban areas, although it remains a significant concern in rural regions. Each of the conditions listed here is life-limiting, the person's natural life-course will as a result of their chronic condition be disrupted by their premature death.

Rural population ageing and an increasing prevalence of chronic diseases is changing the nature of rural centres.



These changes are likely to impact both community structure and care needs, and hence breadth of services required. Rural workforces will increasingly be asked to take on skills in palliative care and care at the end of life. The World Health Organization definition for palliative care has been broadly accepted across the world.³

“Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.”

In palliative care the focus moves to supporting the person to live the best life they can with dignity and according to their personal values and preferences until they die. The individual care needs of people with a life-limiting condition will vary but often include assistance for pain management, dyspnoea, dysphagia, anxiety, constipation, oral care, and nutrition. These needs are also common to elderly people approaching their natural end of life without life-limiting illness.

Responses to care needs may include pharmacological and non-pharmacological approaches, and collaboration with allied health professionals to improve symptom relief, functioning and quality of life. While specialist palliative care may be needed and provided in advanced illness, many people are known to benefit from earlier support or may not have access to specialist facilities. This is particularly relevant in rural areas where resources are likely to be more limited.

Access to best practice knowledge and the provision of flexible training and education options is one way of supporting the rural health workforce to meet expected increases in demand for palliative care. Australian government funded projects such as palliAGED⁴ and CareSearch are part of that support. Providing online access to evidence-based palliative care knowledge relevant to the aged care sector, palliAGED provides practical guidance, and synthesis and summary of the evidence underlying recommendations.

Through its companion site CareSearch, health professionals and careworkers can access a variety of opportunities for education in palliative care, ranging from rapid online learning to formal qualifications.⁵ This allows learning to be tailored to individual needs and circumstances.

Traditional clinical training models emphasise cure and intervention. In the case of people dying with a life-limiting chronic condition the shift in focus from curative to supportive palliative care may require guidance to embrace this model for end of life. Use of trustworthy resources such as the websites or for point of care support palliAGED apps⁶ by permanent and locum staff with varying levels of experience in providing end of life care can help them to identify a person's phase of disease and care needs. Knowledge that can also support a person's wish to stay at home and avoid transfer to hospital where possible.

References

1. CRANaplus Factors Effecting Engagement and Disengagement for Rural Nurses 2016 <https://crana.org.au/uploads/images/20161123-Narrative-Literature-Review-3.pdf>
2. AIHW Mortality over time books 2012-2016 <https://www.aihw.gov.au/reports/life-expectancy-death/mort-books/contents/mort-books>
3. WHO definition of palliative care <https://www.who.int/cancer/palliative/definition/en/>
4. palliAGED website <https://www.palliaged.com.au>
5. CareSearch Education <https://www.caresearch.com.au>
6. palliAGED apps <https://www.palliaged.com.au/tabid/4351/Default.aspx> ●



tony's vision focused on home



A champion of Rural Health, optometrist Tony Lord has retired after 40 years of continuous full-time practice serving the needs of his local community in West Wyalong and surrounding areas of Central West New South Wales.

As a local West Wyalong lad, raised on a farm near Rankins Springs in the New South Wales Riverina area, and later attending the local school in West Wyalong, Tony has dedicated

his life to his medical practice and public service within his community and his hard work over many years deserves to be recognised.

After studying science at the University of New South Wales, ultimately completing the Bachelor of Optometry course, and spending time in the UK gaining experience, Tony returned home to West Wyalong in 1976 where he set up joint optometry practice with partner Phil Wells. And here he stayed.

Tony has been an active leader in the West Wyalong community where he has contributed to the High School Parents and Citizens group, was a commissioner with the Scout Association and was president of the district swimming association, as well as Apex and Rotary service clubs. He has served eleven years as a member of the West Wyalong Hospital Board. He has also served on the Bland Shire Council for 20 years, twice as Mayor (2008–2010 and 2016–2018.)

...networking is very important for detecting, managing and if necessary, referring patients with sight-threatening chronic diseases...

Within the discipline of optometry Tony has been one of the most active members of the National Rural Health Alliance, particularly in striving for recognition and advancement of the unique role of local rural optometrists in the health system.

He has worked closely with West Wyalong local medical general practitioners to provide local access to specialised skills and equipment to assess and manage conditions affecting the vision and eye health of the community.

He also has well-developed and longstanding clinical relationships with ophthalmologists (medical eye specialists). This networking is very important for detecting, managing and if necessary, referring patients with sight-threatening chronic diseases affecting the eye, such as glaucoma, macular degeneration, diabetic retinal disease and cataract.

Tony has run outreach clinics in Lake Cargelligo, Temora, Forbes, Condonbolin and Narrandera, in conjunction with the Australian Government-funded Visiting Optometrist Scheme, and has joined international outreach clinics to Nepal, Fiji and Cambodia with the Brien Holden Vision Institute.

This year Tony was recognised with a Special Award from Optometry NSW/ACT, the Association representing registered optometrists in New South Wales and the Australian Capital Territory.

A highlight of Tony's working life as an optometrist was as President of Optometry NSW in the early 1990s, a time of major change in the practice of Clinical Optometry in Australia. In this period, optometry assumed a more 'generalist' role, expanding its scope of practice to provide essential primary care services.

This was partially driven by the demand for rural optometrists to provide services such as red eye diagnosis and treatment, glaucoma detection and management and regular screening of diabetic patients for signs of blinding diabetic retinopathy.

...Tony has been one of the most active members of the National Rural Health Alliance, particularly in striving for recognition and advancement of the unique role of local rural optometrists in the health system.

In New South Wales the law was altered to allow suitably qualified optometrists to prescribe antibiotic, anti-inflammatory and anti-glaucoma medications to patients with relevant disease. In rural practice, this role is closely integrated with local general practitioners and available medical specialists. Tony's experience at the coalface placed him in an ideal position to work with local Councils, State and Federal politicians, and the University of New South Wales to shepherd these important changes through the New South Wales Parliament. As a result, local rural patients can avoid having to take time off to travel long distances to receive equivalent services in larger towns and cities. ●

aboriginal traditional healers help patient care

Aboriginal traditional healers, known as Ngangkari, are working hand-in-hand with health professionals to treat patients in hospitals and healthcare facilities across the Northern Adelaide Local Health Network.

Executive Director of Aboriginal Health, Kurt Towers, said Ngangkari provide an essential service for physical, emotional and cultural health and wellbeing.

“In an innovative national-first, the Northern Adelaide Local Health Network (NALHN) Aboriginal health team has developed the first formalised and clinical endorsed procedure to support Ngangkari healers working in a health setting, including mental health,” Mr Towers said.

“The formal agreement enhances the recognition of the role of Aboriginal traditional medicine within Australian health care.

“We have had exceptional support from doctors, nurses and staff throughout NALHN, and the addition of the service will help our efforts to Close the Gap and achieve greater health and life expectancy equality for Aboriginal people.”

Director of Critical Care, Dr Simon Jenkins, said NALHN clinicians recognise the Ngangkari as a valued profession.

“From a western medicine perspective, it’s difficult to conceptualise this kind of diagnosis and treatment, but the Ngangkari methods of healing have a profound effect on patients and complement mainstream treatment,” Dr Jenkins said.

“Doctors, nurses and allied health staff across NALHN can now refer patients for an appointment with a Ngangkari to support their recovery and help patients get better quicker.”

A Ngangkari is a traditional healer, with origins from Anangu Pitjantjatjara Yankunytjatjara Lands and connections to other remote Aboriginal groups within Central Australia.

Ngangkaris inherit the healing powers through beliefs, bloodlines and traditional training methods, and focus on healing a person’s spirit.

“In an innovative national-first, the Northern Adelaide Local Health Network (NALHN) Aboriginal health team has developed the first formalised and clinical endorsed procedure to support Ngangkari healers working in a health setting, including mental health...”

The formalised agreement, developed in conjunction with the Anangu Ngangkari Tjutaku Aboriginal Corporation (ANTAC), allows ongoing access for patients and supports a culturally responsive and respectful health system that contributes to better outcomes for Aboriginal people.

ANTAC was established to bring Ngangkari together to deliver their healing treatments to Aboriginal and Torres Strait Islanders or their kinship in need, and manage training and decisions on who is a Ngangkari, which is determined by bloodlines.

Founder and Chief Executive Officer, Dr Francesca Panzironi, said supporting the 60,000 year-old Aboriginal traditional medical



Northern Adelaide Local Health Network Director of Aboriginal Health, Kurt Towers, with Ngangkaris Margaret Richards and Gerard Watson.

knowledge system in hospitals allows healing of the spirit and helps with a sense of culture in a hospital setting.

“In simple terms, when people get sick the Ngangkari use their traditional healings methods to take away the pain,” Dr Panzironi said.

“The healers use methods including Pampuni (Healing Touch), Mapampa (Blowing) and Marali (Spiritual healing and bush medicines) to complement mainstream treatment.

“Patients say things like, ‘I felt the energy had left me’. After seeing a Ngangkari, they say they feel better, like their spirit has returned.”

Current Aboriginal patients can request the Ngangkari Service by speaking with a NALHN health professional to obtain a referral for a Ngangkari appointment.

For more information

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www.twitter.com/sahealth

www.youtube.com/sahealthaustralia ●



Government of South Australia

SA Health

telehealth transforming remote services

Telehealth clinics, enabling patients to be seen remotely by a doctor, are transforming health care delivery in isolated areas across Australia.

The Royal Flying Doctor Service (RFDS), renowned as the outstanding emergency go-to health service for rural and remote areas of Australia for nearly a century, expanded into primary health care about five years ago. The move into the expanded telehealth arena was a natural progression.

Innamincka, a tiny township on the Queensland border, population of 12, with about 50,000 tourists passing through every year, is one of the first locations chosen to benefit from the latest development in the RFDS telehealth 'self-service' model, enabling people living in rural and remote areas to access medical assistance and advice. Innamincka is 800km north-east of Adelaide and 500km from Broken Hill.

In addition to the telehealth service, Innamincka will benefit from a new modern clinic facility, to open later this year.

It will have a raft of services in addition to telehealth, including mental health services, a dental service, Aboriginal Health Workers and rooms for visiting doctors and nurses.

In addition to the telehealth service, Innamincka will benefit from a new modern clinic facility, to open later this year.

The telehealth service will allow patients to be seen remotely by a doctor in Broken Hill when the clinic is unstaffed.



The handover the first ProEX Telehealth Hub with our new VF-Cabinet to the Royal Flying Doctor Service in Wanaaring recently. This installation forms part of a pilot trial with the RFDS to assess the suitability of the ProEX in remote locations. 200km, 4WD only. The cabinet was installed in around two hours and training given to Pat who is the local Nurse at Wanaaring. Internet connection is via satellite. As Pat is not available 24/7, a special 'unattended access' mode was developed for the ProEX which automatically connects the patient to the doctor and allows them to have a face to face chat or to operate the GEIS general examination camera. The doctor can remotely unlock the cabinet to allow patient access via the internet. We wish Pat and the RFDS team all the best for the pilot trial and we look forward to working with them to make the ProEX Telehealth Hub a huge success.

The doctor will be able to conduct a full set of observation tests if necessary says RFDS Health Service Development General Manager Jenny Beach.

"Our role will see us continue to pick up people who are gravely ill, but it is now much more," says Jenny.

In addition to attending to primary health care, the RFDS sees a growing need for mental health services, she says. While statistics show a similar level of need for mental health services in urban compared with rural and remote areas, people in rural and remote areas don't get the same treatment as their urban counterparts.

"This exacerbates the issues, which become much bigger. And on top of that are the drought conditions, where people are watching their whole livelihoods go, their stock die, and where they can't even buy fodder for their stock," she says.

In addition to attending to primary health care, the RFDS sees a growing need for mental health services.

Telehealth clinics have already been established at Wanaaring in NSW and will be installed at Yunta in South Australia, with more planned across the country. The funding arrangements vary between clinics, says Jenny, some supported by State governments, some run by RFDS and some are within bush clinics, run from shearers' sheds on pastoral stations.

The RFDS also has 2,338 medical chests around Australia which are managed and stored in homes, stations, businesses and community facilities giving peace of mind to people living in remote areas, who need emergency and non-emergency treatment. ●



Royal Flying Doctor Service

CENTRAL OPERATIONS



Concept drawing of the clinic building for Innamincka – there are about 8 rooms inside.

aim high and enjoy the ride

By Jennifer Byrnes
Wound Management Nurse Practitioner,
Northern Territory
Australian College of Nurse Practitioners

Originally from NSW, Jennifer completed her training before moving to Brisbane to start a career in nursing, at this stage she had no clue to where or who she wanted to be “when she grew up”. Jennifer’s career led her to community nursing where she developed a passion for wound management and in 1999 moved to Darwin to experience an adventure in the amazing Northern Territory, and she was not disappointed. In May 2008 she became the first NP appointed to a position in the NT.

On arriving in Darwin I worked in primary health care for two years and relieved in the community wound Clinical Nurse Consultant (CNC) position for six months. At the end of this time I decided to move back to the acute care setting, where I worked in the hyperbaric unit which again focus on wound management.

There was an identified gap of service in the hospital for stomal therapy and wound management, so I commenced study as a stomal therapy nurse. Once qualified I was able to implement a stomal therapy wound management service within Royal Darwin Hospital. As time progressed, I found limitations for a wound CNC role with diagnostics and streamlining of patient care. With this gap identified I embarked on the path to become a Nurse Practitioner.

Working in the territory makes the clientele and the complexity of cases fascinating and never dull. The humid environment of the top end of the territory causes a virtual cooking pot of microorganisms causing infections that can be extensive. We have the highest rate of necrotising fasciitis in Australia, and prior to

moving to Darwin I had never seen it or heard of it; now it’s a common wound I manage as a wound NP.

My current role is to provide health promotion and hospital avoidance through education, support and consultation to prevent the patient from being admitted to hospital, where clinically safe and keep them in their home environment.

Being a NP is a rewarding role as it allows me to work closely with a multidisciplinary team to achieve the best outcomes for the patient. Providing a seamless service for patients to assist in navigating the complexities of wound healing and achieving the desired result for the patient is the best reward. The amazement and gratitude of a patient when a wound heals makes the effort of case management all worthwhile.

As a NP, I will continue to provide leadership, knowledge guidance and support to all members of the multidisciplinary team, plus the capacity to provide a streamlined service care model for patients with acute and long-term chronic wounds to achieve the best outcomes.

For anyone aspiring to become a NP, don’t be afraid of shooting for the stars, it seems like a big task, but every journey starts with a single step. Be sure to link in with NPs in your area, as we are all passionate individuals, it is this passion and leadership that has moved NPs from one to many and will continue to make the NP role grow stronger each day in Australia. Aim high and enjoy the ride.

Find out more on how to become a nurse practitioner or how to find a nurse practitioner in your local area visit www.transforminghealthcare.org.au

The Raising the Awareness of the Role of the Nurse Practitioner an Initiative of the Australian College of Nurse Practitioners. ●



spirit of advocacy

Registered Nurse Julia Lamb has been so moved and inspired by her stints in remote area work, that she's arming herself with additional skills for her return. As a lawyer.

Julia plans to be an advocate for Aboriginal communities, not only as a health worker, but in the legal arena as well.

This goal has her currently undertaking a Master of Laws Juris Doctor at Deakin University. In Julia style, she's taken on a few extra subjects on top of that "which have a bit more punch."

Julia's focus shifted to the legal lane when she was studying Ethics and Law for her Graduate Diploma in Remote Health Practice. She's worked in a number of communities including Pipalyatjara with Nganampa Health on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in the far north west of South Australia, within the Kutjungka for Kimberley Aboriginal Health Services and a short stint in Galiwinku. She's also worked on Flinders and Cape Barren Island.

"If you have a spirit of advocacy, if you connect in some way with the people in the Aboriginal communities, it is very hard to step away from it," says Julia.

"Aboriginal people are over represented in prison and under represented legally. I realised there was another area I could to move into."

Julia's love of desert country started as a child. Her parents, both nurses, had a spell at Wiluna in the Mid West region of Western Australia where Julia used to go with her mum out to the camps. "My mum tells a story of me looking around one day and saying 'this is beautiful.' She looked around too and thought 'what in God's name is that child looking at?' I could see a great deal of beauty out there."

Julia got her chance to return to the desert as a Registered Nurse in 2007 – although at the time, her aim was to find work in Antarctica. Exploring her options, Julia met a RAN who suggested she go to the APY Lands. And so her love affair with the desert was rekindled.

"It's a privilege to go and work in the country," says Julia. "Working remote has been the hardest – and the most rewarding – experience I've had. It's a liberating environment. It stretches you, personally and professionally, but it can also take so much from you."

Over the years, Julia has developed a deep respect for long-term remote area nurses. "I feel I have just dipped my toe in, while these people are truly dedicated."

Motivational moments have also come from unexpected quarters and Julia likes to tell of her 'Rosalie moment', while working in a remote community and in desperate need of help from the relief nurse who she went to meet at the local airstrip.

"I was by myself in that little community, which was really suffering. It was a most difficult situation, and I was exhausted. A relief nurse was on her way and I just hoped it would be someone experienced in remote."

"There was I in a tatty T-shirt and shorts, leaning against the dusty troopie. There she was walking from the plane: wearing a wide-brimmed hat, beautiful dress, pearl necklace. Audrey Hepburn reincarnated. Immaculate. She'd never done remote before. My heart sank.

"Darling come in. Shut the door, she'd say. She sat and learned and listened – not just to me, to everyone in the community. In a very, very short time, everyone in that community loved her. And then, after a couple of weeks she was gone. But I've never forgotten her. She had such a high level of compassion and emotional intelligence."

Julia finds her studies really interesting – just as well, as she has to find time for her law books between part-time work as a paramedic with Ambulance Victoria, casual shiftwork at

University Hospital Geelong and caring for her two daughters Anais (four) and Asha (eight). Not to mention an extended family of four chooks, three dogs, four fish and one lovely old wild chestnut horse.

I do most of my studying when they're in bed. With matchsticks keeping my eyes open," she jokes. The family is moving from the Bellarine Peninsula in Victoria to some acreage and wide open spaces of the High Country "for the girls to have their own patch to call their own and let their imaginations take wing, and for me to soak up what I love. Freedom."

Julia, currently in her second year of part-time study says she's not only learning the skills to help others, she's also herself, growing in confidence as a person.

"Knowledge is empowering, stimulating," says Julia, who is making sure her nursing qualifications remain sharp through her part-time and casual work.

While the next few years will be devoted to family, Julia has her sights set firmly on ultimately making remote work a bigger part of her life. "I am longing to return out there," says Julia, who hopes to do a bit of remote work this year.

"You return and return," says Julia. "It bites you and you have to go back." ●



thong donation heading for cape york communities

More than 500 pairs of thongs are on their way to remote communities on Cape York, thanks to a generous donation organised by the Caboolture and Kilcoy hospitals in southern Queensland.

Torres and Cape Hospital and Health Service Nurse Navigators Manager Rachel Sargeant said the thongs would help ensure clients and patients from remote communities could board their flights to access health care in larger centres.

“Often, when patients or clients from remote communities turn up at the local airport to board

a flight to Cairns to access medical services, they may not have appropriate footwear,” she said.

“Without footwear, they cannot board their flights – as there is a legal requirement for footwear.

“If we cannot source some form of footwear from somewhere for them quickly, they might miss their flight and have to be rescheduled.

“But thanks to this generous donation from the Caboolture and Kilcoy hospitals, we will be able to keep supplies of footwear on hand at local community airports or the local primary health care centre and have them ready to distribute if someone turns up for a flight without footwear.”



Above: TCHHS Nurse Navigators with Cynthia Lui. Right: Rachel Sargeant and Cynthia Lui.

Caboolture Hospital Nurse Navigator Nikia Goldsmith said the thong donation initiative had been supported broadly by staff at both hospitals, as well as by business organisations.

“We did the thong drive as part of our annual ‘Kindness in July’ initiative,” she said.

Ms Goldsmith said she and other Nurse Navigators had become aware of the footwear issue in remote communities at a state-wide Nurse Navigator induction held in Brisbane earlier in the year by the Office of the Chief Nursing and Midwifery Officer.

“We got chatting with other Nurse Navigators from around the state about life in remote communities,” she said.

“They told us about how some patients in remote communities might present with no shoes, so when they front up to the plane to fly out to a larger centre for their medical appointments, they’re not allowed to board and so they miss their flight and their appointments.

“As a result of those conversations, Nurse Navigators in the Metro North Hospital and Health Service, of which Caboolture and Kilcoy hospitals are a part, went out and purchased 50 pairs of thongs for their North West colleagues to distribute in remote communities.

“So, when it came to planning something special for this year’s Kindness in July initiative at Caboolture and Kilcoy hospitals, we decided on a major thong drive that we called Walk a Mile in My Thongs.

“We had huge support from staff in all areas of the Caboolture and Kilcoy hospitals. Our Operations Team alone collected about 100 pairs of thongs.

“We also had strong support from Kmart at Morayfield and also from QSuper and First Choice Care.

“It was amazing. Our goal was to collect just 250 pairs of thongs but we absolutely smashed the target.



“The final tally for the Walk a Mile in My Thongs will end up being more than 520 pairs as we are continuing to have late donations coming in.”

Ms Goldsmith said the thongs would be packed and sent to Cairns over the next few weeks.

From there, Ms Sargeant and her team of Torres and Cape HHS Nurse Navigators will organise distribution to individual Cape York communities.

Ms Sargeant said it was very moving to receive the gift from the Caboolture and Kilcoy hospitals on behalf of patients and clients in remote Cape York communities.

“I’d like to thank our Nurse Navigator colleagues and all staff at the Caboolture and Kilcoy hospitals and their corporate supporters for this generous donation,” she said.

“It’s an absolutely amazing effort and we are so touched that our colleagues in the south have gone to so much trouble and effort to help us and help people in our remote communities.

“It’s a great example of inter-health service cooperation and support.” ●



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Applications close: 22 March 2019

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Program eases nurses into the remote setting

We recently interviewed ED Nurses Nicole and Rachel, who both work in Rural & Remote (R&R) with Healthcare Australia (HCA) to find out about their transition from emergency to remote nursing with HCA's New to Remote Pathway (NTRP) program.

Rural and remote roles can be physically and emotionally demanding, the NTRP helps nurses ease into their new remote placements. Nicole and Rachel tell us about their travel adventures and advice to others looking to work in a rural and remote setting.

HCA: How did the New to Remote Pathway (NTRP) help you transition to work remotely in Australia?

Nicole: I had pretty much done all the pre-requisite courses and competencies when I started the NTRP which made it a lot easier. HCA have relationships with clinics that are willing to take on and support new to remote nurses. Hollie and Danni (HCA Consultants) really listen to me and have never pushed me to do something that I wasn't comfortable with. They helped me develop my career and always hold my safety as paramount.

Rachel: The NTRP set me up for courses that I was required to do, these included Pharmacotherapeutics and Immunisation Certificate. I felt well-equipped when I did my first placement with HCA. At first, they sent me to places I felt comfortable with and then progressed me into more challenging roles.

HCA: What has been your most challenging remote role so far?

Nicole: The contract in Yarralin. It was rewarding to be able to support a small community of approximately 200. I really felt like I got to know many people in the community. However, it's a



Nicole.



Rachel.

two-nurse post so I was first on-call for half of the week after long days at work. The HCA Team supported me through this.

Rachel: When I worked in Lajamanu, it was quite overwhelming, and the work was quite complex, with sexual health screening and treatment. I required more knowledge of sexual health and diseases, infant and maternal welfare. ▶▶

► **HCA: Where has been your favourite part in Australia to work remotely?**

Nicole: My current location Millingimbi and Kalkarindji have been two of my favourites. Millingimbi has a big team for a remote area, with a lot of Yolgnu staff. I am usually on-call twice a week, and we have a Yolgnu security officer who looks after us when we work late, which is extremely comforting. Gattjirrk Cultural Festival has been on whilst I was here which was wonderful. I joined one of the choirs. Being a tropical island it's lovely being so close to the ocean.

Rachel: I loved the desert country in Kalkarindji because of its history of the Walk-Off in the 60s and 70s. It also has a 15-km Walk-Off

track, lots of hills and a beautiful river which is nice when it's very, hot! I'm currently at Aurukun up in the Cape where I'm always hunting down delicious mangoes... but trying to limit myself to two per day!

HCA: What's the most eye-opening thing you have experienced or seen since working remotely?

Nicole: The overcrowding and the burden of chronic disease in Indigenous communities. I was aware of it before I went remote, but I wasn't fully prepared for the extent of it.

Rachel: Seeing the range of chronic diseases and acute diseases. It's nice having a supportive team who look out for each other during challenging times.

HCA: Do you have any advice for ED Nurses looking to enter the NTRP program?

Nicole: Start by talking to people who have hands on experience and get the competencies you require (each state is different). I started organising myself as soon as I graduated. The CRANA courses are great and it's a good opportunity to meet and speak with other RANs.

It's important to always stand up for what you feel is safe practice for your patients and for you. I don't do first on-call for first few nights, so I can safely and smoothly transition. The HCA R&R Team will always support you through it.

Rachel: It's important to read up on sexual health, as well as infant and maternal health

as you will most likely use these skills and try to be as flexible as possible.

Another important tip is to try and buy the right food and pre-plan your meals. The local fruit and veggies are reasonably priced, however treats are quite expensive, so try to bring some from home. A lot of people become temporary vegetarians as meat is also quite expensive. Good time to detox!

Contact us for more information on the NTRP program:

Email rural.remote@healthcareaustralia.com.au

Visit <https://www.healthcareaustralia.com.au/jobseekers/rural-remote/>

Call 1300 885 728 ●



all part of the job



Days of dealing with routine clinic work. Regular patients getting your regular attention – and then the pager goes off... and the adrenaline pumps in.

A car crash, a tourist in trouble, a heart attack that will be fatal if not treated promptly. You'll probably be first on the scene.

That's all part of the job for the two Remote Area Nurses at Cann Valley Bush Nursing Centre in Cann River, Victoria, half-way between Melbourne and Sydney.

For Frank Blong, manager at the clinic for four years before stepping back last year into the RAN position at the nursing centre, has finally decided to semi-retire and move on. He originally planned to stay in Cann River for only 18 months.

Frank has lived in many different communities in his career as a RAN since emigrating to Australia in 1990. Cann River is his 23rd. He's not sure if there will be a 24th. First priority is a holiday in Thailand, which he now calls home, before considering his options. Not easy for a compulsive traveller like Frank who has also worked in Saudi Arabia.

Frank describes this area as a beautiful part of the world, surrounded by huge forests on all sides, near both the wilderness and sapphire

coasts. It's a mecca for tourists looking for a water sports holiday or nature walking, and the population (200 in town and the same in the surrounding farms and small communities) swells at different times of the year, in particular Christmas and Easter. They're the seasons for increased broken bones and heart attacks.

"The work here is pleasant and the local people are very friendly," says Frank. "The climate, can be extremely erratic: lighting fires one day and turning on the aircon the next."

The town has a pub, two bakeries, a small supermarket, post office and police station.

"The work here is pleasant and the local people are very friendly... The climate, can be extremely erratic: lighting fires one day and turning on the aircon the next."

Free time is for camping, fishing and boating, and spotting the wildlife on nature walks. Sometimes wildlife is a bit too close for comfort, says Frank. He recently discovered a venomous tiger snake lurking under his bed.

Frank reckons an attractive element of this posting is the training through Ambulance Victoria for their role as first responders to accidents and incidents within about a 40km-radius of the town.

"...the prime ability for this job is to be able to make decisions without support..."

"Through Ambulance Victoria, we have training which allows us to work with much higher privileges and scope of practice than regular Registered Nurses," says Frank.

"All 000 calls are directed to us. It can be anything from a road accident to heart attack. I once had to respond when a beekeeper had an anaphylactic reaction after being stung by a swarm of bees.



Cann Valley Bush Nursing Centre

"I reckon the prime ability for this job is to be able to make decisions without support. There's no doctor when you arrive first on the scene to ask what you should do." The centre also provides a 24-hour on-call service as well as responding to 000 calls. With an ageing population, the normal daily routine at Cann Valley includes patients with diabetes, skin complaints and terminal illness. The home packages are an important service for people who want and can stay at home, says Frank, with services including Meals on Wheels and property maintenance.

Cann Valley is currently looking to recruit a RAN to replace Frank. If anyone is interested, please contact the clinic by email CVBNC.Manager@gha.net.au

NURSING OPPORTUNITIES

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distance is no obstacle

how to provide adequate staff at all times in a rural hospital

Hawker Memorial Hospital is located in South Australia, approximately 365 kilometres from Adelaide. Hawker is a regional town with a population of roughly 300 residents. The hospital has eight residential aged care beds, four acute beds and an outpatient/emergency department. The medical centre is also located onsite with a general practitioner consulting three days a week and available on call for the remaining four days.

In a small rural/remote community it is almost impossible to cover all staff that go on leave as the population size lends itself to staff shortages and difficulties in maintaining a sufficient casual staff pool. This forces rural and remote hospitals like Hawker Memorial to rely on agencies to backfill positions which can be very costly.

Bernadette Rogan is the Nurse Unit Manager at Hawker Memorial Hospital and her role is to ensure that the hospital can still provide minimal staffing 24 hours a day. The team at the hospital found a way to provide adequate staffing at all times in August 2014 when they submitted their first application for locum support with the Rural Locum Assistance Program (Rural LAP).

“...the locum nurses that come here all have a wide range of experience and are happy to work in any situation...”

“It is a very good service for rural and remote communities. We have used Rural LAP several times now when our nurses go on leave and the



locum nurses that come here all have a wide range of experience and are happy to work in any situation,” Bernadette explained.

“...it is better for us to use Rural LAP as opposed to agencies as there are no fees and charges. The application process is also very easy and the team are always very helpful and prompt with their replies.”

The Australian Government-funded locum program appeals to rural and remote hospitals and health services in many ways but most importantly it is cost effective. Bernadette said, “it is better for us to use Rural LAP as opposed to agencies as there

are no fees and charges. The application process is also very easy and the team are always very helpful and prompt with their replies.”

Rural LAP is a component of the Australian Government’s rural workforce capacity agenda managed by healthcare solutions provider, Aspen Medical. The program aims to provide targeted rural and remote support services to general practitioners (obstetricians and anaesthetists), specialists (obstetricians and anaesthetists), nurses, midwives and allied health professionals in rural and remote Australia. All Aboriginal medical services throughout Australia are eligible to receive locum support.

For more information visit www.rurallap.com.au





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The benefit of stability

Student Nurse Diana Ellis spent six weeks at the Walgett Multipurpose Centre, 650km north-west of Sydney and nearly 300km from the closest major facility at Dubbo. Here's her story.

In my second year of my Bachelor of Nursing degree at the University of Tasmania's Darlinghurst Campus in Sydney, I elected to attend a regional placement as I intend to work regionally and remotely. I had previously completed placements in both public and private hospitals in Sydney, and wanted to experience the benefits, differences and challenges of the different environments. As I drove up from Sydney, I was able to see first-hand the impacts that the current drought was having on the surrounding areas. The town of Walgett has a population of about 2,200 people of which approximately half are Indigenous persons. At the hospital, I was welcomed by friendly faces and shown to the student accommodation, home for the next 6 weeks.

The facilities at the Walgett Multipurpose Centre, which provides general medical, emergency, aged care and palliative care services, exceeded my expectations. It's modern, very well organised and as it is a smaller facility there is a close knit team where everyone knows everyone. Very different from some of the larger Sydney hospitals where staff come and go, and roles are often filled by casual staff. I found the stability of the team really beneficial in that each team member knew each other's strengths and competencies, allowing support and teaching to be provided when required.

I really appreciated the time and support I received when I arrived, helping me to better understand the local communities, the local cultures, and the differences in care required for the Indigenous population. I was taken to different sites and shown some different communities so that I could understand where many of my patients were coming from.

Given Walgett's location and subsequent limited resources in terms of expert knowledge, I was introduced to the use of Telehealth. It was great to see the use of such services in ensuring patients were able to access services, such as mental health assessments, that would not otherwise be available. It was also my first introduction to the amazing services provided by the likes of the Royal Flying Doctor Service and Care flight. As Walgett was a smaller facility, I was able to go with the paramedics and participate in the transfer of care to the RFDS, and have a look in the planes.

For anyone considering going regional for a placement, I could not recommend Walgett highly enough. The scope of patient presentations you see are much greater than on a specialised ward in the major cities. The support you get from the local staff is great, and they really appreciate anyone who has made the effort and taken an interest in health in regional areas. Six weeks may sound like a long time, but before long it will be over and you will be wishing you had more time. ●



a chance to broaden your skills



Angela Den Hollander, describes opportunities and challenges during her remote placements in Tennant Creek and Alice Springs as a third year Bachelor of Nursing student at Charles Darwin University (Distance education).

During my nursing degree, I was able to experience a wide variety of placement opportunities. This included two weeks at Alice Springs Hospital and a month at Tennant Creek Hospital, working on the ward and in community settings. These were both great learning experiences and gave me the opportunity to put theory into practice regarding working with Aboriginal patients.

On my first day of placement at Tennant Creek, my buddy nurse said that the reason she had chosen to work remote was because of the opportunities to really broaden her skills. That is very true, you get the opportunity to have a go at everything out here. Skills I was able to practice included: giving a manual nasogastric feed to a baby, practicing venipuncture on inmates at the local correctional facility and performing wound dressings in environments that did not quite conform to the practices



taught at university. Try telling a pack of dogs that you need to maintain your sterile field, so could they please try to kill each other outside!

There were many challenging aspects to nursing in a remote setting. Remote nursing seems to often involve doing the best you can for your patients despite the barriers to care that would simply be unheard of in metropolitan Australia.

During my placement I provided care for an elderly woman moving into the palliative stage of her battle with cancer who lived in a tin shed on the outskirts of town with no electricity or running water. Social workers at the hospital were able to find her more appropriate accommodation in town but, just before I left Tennant Creek, I heard that she had left the accommodation and her location was unknown.

Remote community nursing requires a good set of nerves and a can-do attitude with a large part of the working day spent locating clients around town.

The nurses I worked with at Tennant Creek and Alice Springs were amazing. At times I feel as though Australian healthcare must have poached every able-bodied nurse from the Philippines to address our national staffing shortfall. However, I was not expecting to encounter such a multicultural workforce in remote Australia. Both Alice Springs and Tennant

Creek hospitals had wonderful nurses from all over the globe who brought with them different skills and knowledge, I learned such a lot from these fabulous men and women.

Enabling remote placements for nursing students is a vital first step in addressing the challenges of attracting and retaining nurses in remote healthcare. After my experience living and working in a remote location, I believe this opportunity will encourage future nurses, like myself, to consider a future career in a remote setting. ●



both a medical and social learning experience

Medical Student Abby Moore is grateful for her opportunity to experience remote health care during her third year studying a Bachelor of Medicine/ Bachelor of Surgery at the University of Adelaide.

At the end of November I was lucky enough to accompany Dr Michael Nugent, a GP from Clare, on one of his regular visits to remote NSW for a week of observing consultations with his chronic disease patients. I organised this trip as I felt I had little to no exposure to remote medicine or talking to Indigenous patients through university. I wanted to learn more about both Indigenous history and how to deliver culturally competent care.



The first three days were spent in Menindee where I sat in on Dr Nugent's consultations during the day and snuck off early to explore the beautiful landscape in the late afternoon. It was evident after only a short time in this area that the towns have been severely affected by the combination of droughts and upstream farming taking away not only water from the Darling River but also a major part of the area's heritage and culture. This environmental concern has added another element of emotional disruption and hardship to communities already significantly affected by the inequity of health. The following two days spent in Wilcannia further opened my eyes to the special and unique elements of remote healthcare: from local Indigenous healthcare workers who seemed to know everything about everyone and performed regular home check-ups, to amazing technologies at the clinics that allowed point-of-care HbA1C testing to restrict any barriers to providing care. Not to mention a resident sheep living at the service station, many beautiful old sandstone buildings, and the lawn out the front of the hospital absolutely covered with kangaroos lazing around!

All of the healthcare workers were incredibly invested in the wellbeing of their patients and the community. Pharmaceutical home

visits provided thorough assessment of each medication in detail; receptionists would drive many kilometres to transport patients; and in each consultation Dr Nugent, as coordinating GP, would seamlessly integrate knowledge of the patient's living situation, financial circumstance, family ties and personal preferences with their treatment plan. This holistic model of care can be easily lost in urban centres, and the mutual inter-disciplinary respect evident in both Wilcannia and Menindee was something I really admired, making a career in remote medicine even more appealing.

Despite the hardships faced at times, each of my interactions with locals, both Indigenous and non-Indigenous, were extremely positive and most patients were extremely grateful for the healthcare they received. I took away many different lessons from each patient gracious enough to answer my many questions. Medically, I had opportunities to observe new physical signs and try new simple procedures such as diabetic foot wound care, while, socially, I learned about patients' backgrounds, community ties and heritage.

I'm extremely grateful for the opportunity given to me by Dr Nugent and CRANaplus to experience remote medicine first-hand and I am extremely excited to return one day. ●



I pinch myself every day



The bus ride into the mining town of Weipa on Cape York Peninsula in northern Queensland was full of new experiences for Devashrii (Devi) Dobe, on her way to a remote placement as a third year Bachelor of Nursing student from University of the Sunshine Coast.

She saw the gravelled ground (that later she learned made off-road walking a challenge), glimpses of the sea and the 'battlefield' of mining. She spotted the wedge-tailed eagles that circle the sky and the camp dogs mooching around town. But, as she says, "I think it doesn't much matter where we are in the world, it's the people that make an experience." And her first experience of Weipa Integrated Health Service was "the warmest of welcomes."

After a quick tour of the town, Devi was taken to her accommodation. "It was new, clean, comfortable and filled with a myriad of travelling health professionals that quickly

became friends," she says. "The harshness of the remote environment that Weipa rests in was tempered by the generosity and inclusivity of the health care providers."

Devi outlines some of the valuable educational experiences on her CRANaplus placement. "One of the highlights was spending time in OT with a visiting ENT surgeon, where everything I had studied and learned of chronic otitis media and the long term effects became real through observing endoscopic myringotomy. I had already become very interested in this condition and its knock-on effect on Aboriginal and Torres Strait Islander peoples and seeing this through the microscope had a profound effect on my understanding.

"My interest in sexual health was also piqued when I attended a sexual health seminar where I listened to man recount his experience of being a gay, HIV positive Aboriginal man and the challenges and prejudices he experienced."

Devi worked largely in the emergency department during her placement and she says the high number of paediatric presentations helped her overcome her 'fear' of dealing with the paediatric patient. She also credits an educator from James Cook University who mentored her, guided her and included her in the Weipa community with greatly enriching her experience.

Devi had had a 15-year hiatus from nursing when she enrolled at the University of the Sunshine Coast (USC) to study a Bachelor of Nursing Science, and the Weipa experience was one of two remote placements during her training.

"I grew up in western areas of Queensland and this is where my love and empathy for Aboriginal and Torres Strait Islander peoples was born," she says. "It was also where I observed the social issues, racism and poor health of these people, and a fire in my belly was formed. I was determined to learn more, experience more and understand how I could be a small part in change.

"I was active at University in promoting remote and Aboriginal and Torres Strait Islander health and was given the opportunity through my degree to attend two remote placements.

"As I write, I am in my graduate year with the Torres & Cape Hospital & Health Service. After a rotation on Thursday Island, I am currently in Lockhart River Primary Health Centre, and I pinch myself every day that I am here. I am living the dream that saw me embark on a University degree in nursing. Remote area nursing and serving the Aboriginal and Torres Strait Islander community is an honour, one I am deeply grateful for.

Thank you CRANaplus and the educators and mentors who have helped me gain valuable nursing experience and achieve what I have to this point." ●



mates of CRANApplus

CRANApplus' 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 CRANApplus' formally acknowledges the links between CRANApplus and these organisations, businesses or consultancies.

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

which enjoys a wide circulation throughout Australia and internationally.

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



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



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



Kimberley Rural Health Alliance is a major new rural training hubs at The University of Notre Dame Australia are set to transform regional health care by increasing training opportunities for nursing, midwifery, medical, and allied health students and professionals in Broome (WA) and Wagga Wagga (NSW). Notre Dame will lead a consortium of universities to establish the Kimberley University Department of Rural Health (KUDRH). Email: pamela.jermy@nd.edu.au



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



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

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



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



The **National Aboriginal and Torres Strait Islander Health Worker Association (NATSIIHWA)** is the peak body for Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners in Australia. It was established in 2009, following the Australian Government's announcement of funding to strengthen the Aboriginal and Torres Strait Islander health workforce as part of its 'Closing the Gap' initiative. Ph: 1800 983 984 www.natsihwa.org.au



Nganampa Health Council (NHC) is an Aboriginal Community Controlled Health Organisation operating on the Anangu Pitjantjatjara Yankunytjatjara (APY) lands in the far north west of South Australia. Ph: (08) 8952 5300 <http://www.nganampahealth.com.au/>



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



The **Norfolk Island Health and Residential Aged Care Service (NIHRACS)** is the first line health service provider for the residents and visitors of Norfolk Island. Norfolk Island has a community of approximately 1,400 people on Island at any one time and is located about 1,600km north east of Sydney. Email: kathleen.boman@hospital.gov.nf Ph: +67 232 2091 <http://www.norfolkislandhealth.gov.nf>



Otway Health is one of seven Multi-Purpose Services (MPS) in Victoria, providing health care and community care programs to a diverse coastal and rural community of approximately 3500 people, with a focus on providing quality care that enables the well being of all clients to be enhanced. Ph: (03) 5237 8500 Email: otwayhealth@swarh.vic.gov.au <http://www.otwayhealth.org.au/>



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Puntukurnu Aboriginal Medical Service presently provides services to Jigalong, Punmu, Kunawarritji and Parnngurr with a client base 830 and growing. Our administration base is in the Iron Ore rich town of Newman. In the new year we will be establishing a fifth clinic in Newman. Ph: (08) 9175 8307 Fax (08) 9175 0990 Email: pams@puntukurnu.com



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Rural Health West is a not-for-profit organisation that focuses on ensuring the rural communities of Western Australia have access to high quality primary healthcare services working collaboratively with many agencies across Western Australia and nationally to support rural health professionals.
Email: info@ruralhealthwest.com.au
Ph: (08) 6389 4500 www.ruralhealthwest.com.au



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



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



Southern Queensland Rural Health (SQRH) is committed to developing a high quality and highly skilled rural health workforce across the greater Darling Downs and South West Queensland regions. As a University Department of Rural Health, SQRH works with its partners and local communities to engage, educate and support nursing, midwifery and allied health students toward enriching careers in rural health.



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



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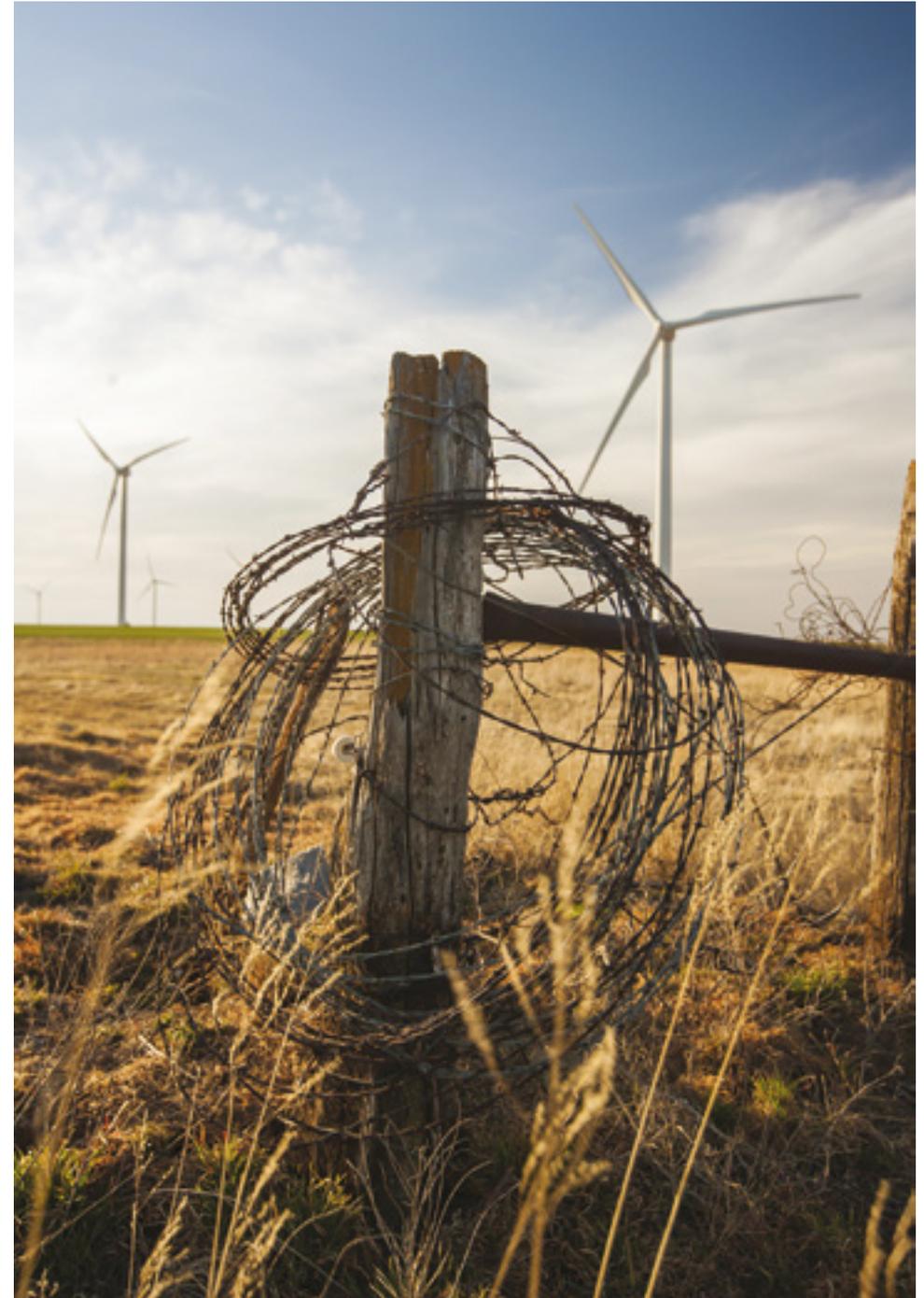
SustainHealth is a specialist recruitment consultancy who connect the best health and wellbeing talent, with communities across Australia. We support rural, regional and remote locations alongside metropolitan and CBD sites.
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The Torres and Cape Hospital and Health Service provides health care to a population of approximately 24,000 people and 66% of our clients identify as Aboriginal and/or Torres Strait Islander. We have 31 primary health care centres, two hospitals and two multi-purpose facilities including outreach services. We always strive for excellence in health care delivery.



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support

starting to think about climate change and remote health

The planning for Bush Support Services' project 'Caring for Health Professionals: CRANaplus Bush Support Services' Response to New South Wales Drought' has involved a great deal of direct contact and specific conversations about the impact of the drought with health professionals at the coal-face.

The stories that are being told are eye-opening in terms of the breadth and depth of the impact of the drought on farming and other communities. The common theme that is emerging from these conversations is a profound sense of grief and loss. That life, as has been known for generations in certain communities will never be the same again.

These conversations are a timely reminder that climate is a significant potential stressor for health professionals working in rural and remote contexts.

As such, the reality of climate change as a significant factor impacting on the emotional and psychological well-being of the health workforce clearly needs to be considered a priority.

Interestingly, as I sat down to write this article on the bigger climate picture I started to worry. Would I appear stupid or ignorant? Would I cause distress to readers? Am I being too emotional? Will I make people feel powerless?

The stories that are being told are eye-opening in terms of the breadth and depth of the impact of the drought on farming and other communities.

Without a doubt, the resistance to the acceptance of climate change has been formidable and very powerful. Disbelief, denial and dissociation are very potent tools for the status quo.

The reality is that we humans are potentially facing ecological disaster on a scale not known in living history.

The reality is that we humans are potentially facing ecological disaster on a scale not known in living history. When the health professionals we talk to refer to the loss of lifestyle in rural and remote communities, they could equally be referring to the state of the whole world. As humans, the responses to these facts are fundamentally emotional and psychological and

as health professionals we need to start thinking about ways of coping and helping others to cope as well.

There seems to be two general ways of starting to think about coping with climate change. The first is a personal, individual step. It has to do with what a spiritual practice can offer. As Joanna Macey says:



“When you look at what is happening to our world – and it is hard to look at what’s happening to our water, our air, our trees, our fellow species – it becomes clear that, unless you have some roots in a spiritual practice that holds life sacred and encourages joyful communion with all your fellow beings, facing the enormous challenges ahead is nearly impossible.”

The second way is to reach out to others. Climate change is increasingly creating a sense of collective suffering. Rather than falling into the trap of denial or disbelief, be brave and share the grief, rage and sorrow through story. Honestly confronting the issue is adaptive and can lead to local positive action.

In a way, remote health, really is at the coalface of climate change. It would be wonderful to hear and share the often untold stories of hope and healing that are happening out there in the communities in which you are living and working.

Reference

Macy, J. “The Greening of the Self.” In *Ecotherapy: Healing with Nature in Mind*. Edited by L. Buzzell & C. Chalquist, San Francisco: Sierra Club Books, 2009.

Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●

caring for health professionals

CRANaplus Bush Support Services' Response to New South Wales Drought Project

Many parts of the country, including the entire state of NSW is in drought, with many areas in severe drought. The social and emotional impact of this environmental disaster in rural and remote communities, that were already under siege as a result of economic decline, is only beginning to be understood.

The most apparent social effects of the drought include the impact on income, resulting in poverty, increased physical workloads, physical and mental health issues and access to appropriate services. Health professionals are the cornerstone of support in any community. It is no surprise that health professionals in rural and remote New South Wales are experiencing overload in demand for services. As well, they are also having to deal with their own personal responses to the situation in the communities in which they live.

CRANaplus Bush Support Services is in a unique position to support health workers in drought-affected areas. The unique psychological service itself is the only one of its kind in Australia. As many of you will be aware, CRANaplus Bush Support Services is primarily a telephone support service for rural and remote area health workers and their families. As well, Bush Support Services offers a range of face-to-face mental health interventions, including roadshows and workshops, promoting positive mental health and resilience. These interventions have been developed to support and restore the isolated health practitioners through best-practice, evidence-based Positive Psychology and Mindfulness. The 1800 support line means that ongoing, 24/7 support is available.

Through the Federal Department of Health funding was secured by Bush Support Services for a project 'Caring for Health Professionals: CRANaplus Bush Support Services' Response to New South Wales Drought'. The project aims to access health workers in drought affected New South Wales via roadshows and mini workshops.

It will be delivered by experienced CRANaplus Bush Support Services' Psychologists during March–May 2019.

The workshops will focus on a number of areas affecting professional practice in isolated, drought affected areas. In particular, the road show hopes to engage health workers who support farmers, farm families and small businesses. The topics to be covered include:

- The importance of prioritising self-care and strategies to achieve resilience
- The secondary traumatisation experienced by health workers experiencing exposure to higher levels of depression, suicide, domestic violence, drug and alcohol issues and relationships and family breakdown in their patients and clients associated with drought.
- Discuss strategies that health professionals might use to have 'difficult conversations' with their clients and to encourage access to psychological support.
- Provide information to participants about the ongoing support available through CRANaplus Bush Support Services and other relevant mental health services.

It is hoped that through this project health professionals in drought-affected areas will experience new ways of professional and personal awareness in terms of resilience building.

As well it is hoped that the road show will increase understanding of the impact of stress and burn-out, develop practical self-care strategies and explore ways of staying emotionally safe in a challenging work environment. A final goal of the project is about community resilience building.

It is anticipated that through attending the mini workshop health service professionals might be encouraged to educate community members about the value of accessing psychological services during periods of natural disaster.

For further details of workshops go to: <https://crana.org.au/workforce-support/bush-support-services/>

Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●



getting some super vision

In today's fast-paced world we are constantly on the go. Having the time and space to reflect and talk about our work is increasingly hard to find.

Whether we call this reflective practice, mentoring or supervision it enables us to explore our thoughts and feelings with perspective. One way of looking at this is to think of yourself as an eagle flying over your situation. From that vantage point you would be able to see all of the nuances. This is so beneficial – it is the ultimate mindfulness exercise and deters us from operating on auto pilot or getting caught up in our thoughts and impulses.

Reflective practice engages with the messiness, the unpredictability and the uncertainty of practice. The emphasis is on the skills and artistry of professionals.

As professionals we undergo a lot of education and training however our skills are honed by experience. When we graduated and began our first job within our professions we were equipped with all we needed to begin however we really started to shine when we had some experience under our belts!

Reflecting critically helps us to:

- Find opportunities to describe the experience
- Identify personal issues
- Pinpoint personal intentions
- Empathise with others in the experience
- Recognise your own values and beliefs
- Create new opportunities for future behaviour
- Look at ways to improve working with patients, families and colleagues

If we don't regularly reflect on our work we lose the opportunity to acknowledge the positive

facets of what we do and build upon them further. Reflective practice enables us to be in the experience and identify any gaps in our knowledge – this provides valuable learning opportunities. We may discover that we might deal with the same situation differently next time – not that it was wrong but that it might be better dealt with.

Reflective practice can be an individual or joint pursuit. It is very effective and some professionals are very committed to this practice. Often it is a skill we learnt in university however with the demands of working life it can easily fall by the wayside. Buddying up with a trusted colleague and reflecting on your work can be very rewarding.

Mentoring refers to a relationship between an experienced professional and a less experienced professional. This relationship helps to guide a less experienced person and provide support while developing them to their fullest potential.

Supervision is a “regular, protected time for facilitated, in depth reflection on practice” (Carroll, 2009). It is a working alliance between two professionals with the object of increased confidence, creativity and ethical competency in order to give the best possible service to patients or clients.

The benefits of reflective practice cannot be overstated. Whether this is an individual, joint or team experience it value adds to professional life. If you are interested in becoming more reflective buddy up with a colleague as a first measure, identify a mentor at your workplace or get yourself some regular supervision with an experienced supervisor.

Therese Forbes
Clinical Psychologist
CRANaplus Bush Support Services ●

BUSH SUPPORT SERVICES

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let's get physical to feel positive... or not: the search for positives through creativity

“The process of discovery involved in creating something new appears to be one of the most enjoyable activities any human can be involved in.”

Czikszentmihaly (2007)

By this time of year most of us are likely to be well into work-mode, our end-of-year holiday is long forgotten and we're working on strategies to get through our workload one day-, shift-, or week-at-a-time. Work is our priority, the self-care we practiced on our holidays is waning, and our plans for a better year than last year sit at the back of our mind as our cognitions focus on our skill-set and meeting our workplace goals, treating patients or clients.

Amongst the stressful thoughts and layers of work-related tasks, you notice a memory that suggests that you're supposed to be staying positive, having positive thoughts, enjoying your job location, and exercising. Ugh! How will you find time or focus to do that? How will you find the energy, and what will motivate you to engage in that boring walk or jog or other exercise that you prefer? How will you stay positive when you're so busy and stressed with work? Well, worry no more. This article will take you through a different way to approach a positive thinking style.

Exercise

First of all, the question is: will positivity only come with exercise? Whether you enjoy running or walking (we'll mention non-exercise options soon) we know that running or walking for exercise can, not only improve your physical health, but improves your confidence, can reduce your stress, and ultimately result in a more positive mood and attitude.

Any aerobic cardiovascular exercise feeds nourishing blood to your brain and this improves your mind and cognitive processing. Running and walking release mood-enhancing chemicals in your body. As you remind yourself of the positive effects of running or walking, you know you can bring a more positive focus into areas of your life, such as work and hopefully leisure. Running, walking, or other exercise can help to train your mind to keep a focus, to improve your body and health, and to commit to your goals. But, as stated, you know this.

Of course, some of us can't engage in running or power-walking for a variety of reasons, usually relating to foot, knee, leg or hip injuries or conditions, or because their workplace is in a geographical area that is too dangerous or too hot for running or walking activities. In that case, let's turn to look at ways other than exercise to increase positivity and positive thinking in your life.

Flow

You may have read or heard about creating a state of 'flow'. Flow is a state of being that occurs when an activity very closely matches your creative ability. Flow is a feeling of being completely immersed with the activity to the point of losing a sense of time as your actions and awareness merge.

To achieve flow, your skills would have to be well-matched to the task. You may be stretching those skills further than before. You'd be focused on the process of the activity and not the end result, and you'd likely be intrinsically motivated to engage in the activity, that is, it'd be a more personally rewarding activity than a work- or monetarily-related task.

Creative activities

Personally rewarding activities might include creating art, drawing, painting, pottery, craft-work, singing, acting, dancing, playing an instrument, needle-work, gardening, potting

plants, playing games, doing puzzles, writing, design or decorating. The list is endless!

Engaging in creative activities can open up your mind to new discoveries, which can, in turn, enhance the way we engage with our environment. Creativity requires a certain state of mind and it's believed that an increase in positive emotions leads to more creative, flexible, integrated, and open thinking patterns.

You may be thinking "Well, I have other things to do after the work day or work week and I don't have time to engage in creative activities". This type of thinking would suggest that you may have some habits or routines that are hard to break. This means you could believe you have limits on your time. One way around that is to extend your limits. Initially, it'd be necessary to try to relax these limiting beliefs and adopt a broader view of your personal time and availability.

Convergent versus divergent thinking

It's necessary to focus on the task, rather than the limits of the task. One way to explain this is to look at *convergent* thinking which is a style of thinking people adopt when they become more restrictive in their behaviour. The use of a number of stories or themes all converge into one. An example of convergent thinking would be "It's the weekend and that's a time for rest/chores" or "I have no time on the weekend".

On the other hand, with *divergent* thinking a person starts with one idea and allows it to move out into different directions, stimulating your imagination, and reaching outwards, like the branches of a tree, stretching your mind to further creative potential. For example, "The weekend is available for me to choose what I will engage in: rest, chores, something creative, time-out, planning my next holiday, activities that aren't work-related..." This type of statement can be almost limitless. ▶▶



Photo: Amy Hill.



► Mental jogging is an activity that can encourage divergent thinking. Reid Daitzman (1980) wrote a book titled *'Mental Jogging: 365 Games to Enjoy, to Stimulate the Imagination, to Increase Ability to Solve Problems and Puzzles'*. In this book he offers mental activities and mental calisthenics.

Unfortunately, this book is out of print, but there are some copies available from online booksellers. Mental jogging is an interesting way to broaden one's thinking in a creative manner.

Some examples of mental jogging include:

Think of:

- Six or more ways to avoid spilling coffee while driving
- Eight or more things you could do if you weren't watching television

- Eight or more things we couldn't do without fingernails
- Six or more ways to look at yourself in the mirror
- Eight or more words in any language spelled the same backwards as forwards
- Six or more new rules of basketball if there were two balls in play simultaneously.

Answers can include nonsense or fantasy themes, as the goal is to enhance your creative thinking. Later, you can refine your answers to include only realistic solutions.

Daitzman also suggests engaging in mental calisthenics such as this one:

Sit in a comfortable position, take three deep breaths, and exhale very slowly from your nostrils. Close your eyes and imagine the color

RED, then ORANGE, YELLOW, GREEN, BLUE, VIOLET. Arrange the colors alphabetically, from left to right, in your mind. Make them disappear one at a time. Open your eyes.

Daitzman, 1980

Creating positive emotions

Last but not least, it's beneficial to look at ways to create positive emotions, the emotions that will assist us in our positive thinking. An oldie, but a goodie, is the gratitude journal. No, it wasn't invented by Oprah, although she advertised it very well. It's believed that the gratitude journal originally came from the act of 'counting one's blessings'. Keeping a gratitude journal involves writing three (or more) things that you're grateful for, in your gratitude journal on a daily basis to encourage positive thoughts and feelings of gratitude.

Several different versions of the gratitude journal have emerged over the years and people are now encouraged to write up to 10 things they're grateful for in their journal, either daily or weekly. Research suggests that any more than 10 items at a time detracts from the benefits of the gratitude journal, as it becomes a more difficult task.

It remains debatable as to how often to write in the journal: daily, multiple times a week, or weekly. Positive results have been found for all of these frequencies in different research studies. Overall, it has been shown that entering 3-10 (whichever you choose) items that you're grateful for, in a gratitude journal can not only improve your overall gratitude, but it increases positive emotion.

Further research on the gratitude journal suggests that having deeper, more personal things you're grateful for results in even greater happiness and gratitude. This is a suggested template that can assist you to focus on a deeper level of gratitude in your gratitude journal.

"I'm grateful for _____
because _____"

Remember, it's important to try not to repeat items in your gratitude journal. Think of new items every time you write. Making positive emotions a habit by writing in your gratitude journal on a regular basis will assist you to practice divergent thinking. As you search for new items or events that you're grateful for you're activating your creative thinking.

In conclusion, whether you're exercising physically, getting in the flow, writing in your gratitude journal, or doing some mental jogging, you're working towards increasing your positive thoughts, and giving yourself the opportunity to experience a happier, feel-good year right up to your next holidays!

Amanda Akers
Clinical Psychologist
CRANaplus Bush Support Services ●

conflict toolkit for the remote practitioner

“Peace is not the absence of conflict, it is the ability to handle conflict by peaceful means.”

Ronald Reagan

I was talking to a remote area teacher recently about the challenges of living and working in a remote context, and I asked him what had been the hardest issue he had encountered while working in the outback. “Conflict,” he said with a wry grin, “Conflict with those you work with, and conflict you observe others have with each other.” I knew exactly what he was referring to.

Certainly, it can be hard to escape the source of tension or disagreement when you live in a close confined community and you work with those same people. Remote workplaces may have their own particular contexts which add to the distress caused by ineffectively managed conflict.

Conflict occurs when there is a disagreement or difference of opinions with others and it is not resolved completely or respectfully. There doesn't necessarily have to be open warfare or even harsh words spoken; conflict can be a quietly tense atmosphere.

Conflict is of course inevitable when two or more people work together, but properly handled, disagreements with others can actually strengthen work teams and relationships generally. It has been said that for there to be innovation and a cross fertilisation of ideas, there needs to be human interaction, debate and argument. There is a heavy emphasis here on the words ‘properly handled’. **What makes a difference is how we deal with conflict when it occurs.**

This article briefly touches on some basic tools which can help to defuse conflict or deal with any escalating disagreements if necessary. If we have the skills and knowledge to better manage disagreements, we can improve our relationships with those around us at work or socially. With those skills we can debate issues and resolve disagreements respectfully.

Not all strategies will be equally effective for everyone. As we all have differing personalities, people generally react differently to conflict and deal with it in varying ways as well. But the following approaches have been found to work for many people.

There can be many reasons why disagreement occurs. Despite the various forms conflict may take, there are some common strategies which have been found to be effective in resolving and managing the situation.

Note however that deep seated and volatile situations often require external, professional expertise for them to be resolved. The strategies discussed here are not for those complex times, but rather for the everyday conflict which occurs in the workplace. This article offers some simple yet effective strategies which can help with the minor misunderstandings and disagreements we encounter every day.

Importantly, it is not suggested we confront conflict if we do not feel safe in doing so. There are avenues of help available for those times, and we will consider them at the conclusion of this article.

So, what might give us the edge in tackling this difficult and challenging issue?

Nipping it in the bud

Strategy 1: Deal with conflict at an early stage

Conflict typically occurs in escalating levels of seriousness. In the earlier stages it is easier to deal with the issues which are generated, and

solutions are more quickly found. People can often solve their differences with little difficulty at the early stages. Essentially this means it is important to tackle disagreements earlier rather than later.

Avoiding dealing with minor tensions or disagreements allows them to develop into something more difficult to handle. Many people are reluctant to confront others and tackle the issues, which of course allows the situation to deteriorate.

It is best therefore to confront the issues in an assertive way as soon as it is clear there is a problem. Note the difference between ‘confronting the issues’ and ‘confronting the person’.

Generally, the best approach is to arrange a time to discuss the issues with the relevant party/ies, preferably in a quiet place away from a busy workplace, and at a time when there are minimal interruptions. Privacy is also an important consideration for this meeting.

Assertive not aggressive

Strategy 2: Deal with conflict calmly and unemotionally

Successfully raising the issue with the other party is best done in an open and non-confrontational manner, with an opening statement that a solution is being sought. The simple act of requesting such a meeting attaches an importance to the issues and signals that you are seeking resolution. It can be helpful to say something like “I would like to discuss what is happening as it appears there is a problem”. It is important that a non-judgemental stance is taken.

Being assertive means firmly and politely stating your views without allowing yourself to become angry or aggressive. Various studies have repeatedly found that most people find it difficult to maintain an angry or aggressive manner in the presence of someone who remains calm.

It is also true that strong emotion clouds the judgement and an extremely angry person can be hard to manage or deal with at that time. Some situations are best left until all parties involved can discuss issues sensibly and calmly. Walk away if the discussion is or is becoming too hostile.

Know your personal style

Strategy 3: Know how you behave in conflict

We all deal with conflict in different ways. In part this variation is dependent on our upbringing, our life experiences and the efforts we have made towards our personal growth and development. But it is also largely influenced by our personality.

Most of us use conflict skills that we observed growing up, unless we have made a conscious effort to change our conflict management style. Some of us observed good conflict management, while others observed faulty conflict management. Most of us will prefer to avoid handling conflictual situations if possible.

Some personalities deal with conflict in an open and comfortable manner and others avoid it. Studies show that people with a passive aggressive personality tend to actively avoid conflict and feel uncomfortable confronting others in a conflictual context.

These people feel angry or frustrated but are not comfortable expressing that emotion. Emotions which are suppressed for too long may erupt when control weakens and typically there is an outburst in a moment of heat and stress.

The effect of personality and conflict management style was explored by researcher David Antonioni (2007), who found that outgoing, conscientious, agreeable and open people tend to handle conflict in a positive way. This research indicated that such personality traits rarely used Avoidance Styles conflict management, but usually found a constructive and assertive way to deal with conflict in their relationships. ►►

►► What does this mean? In essence, the best way to confront and deal with conflict is to be prepared to resolve matters in an open and agreeable manner, while at the same time firmly stating what is important to you. Focus on resolution.

The ideal outcome is to arrive at an overall solution when the concerns of both parties are acknowledged as important.

Most of us can benefit from working on our interpersonal skills to develop an assertive communication style.

Communication style

Strategy 4: Assertive communication microskills can give us an edge

Remember to always use this style when managing conflict. We can regard Assertive Communication as the ability to express your feelings, opinions, beliefs and needs, openly and honestly, while not violating the personal rights of others.

Relationships may be improved with effective communication skills. With the use of clear and direct language we can clarify the nature of problems, express our needs, and discuss the desired outcomes.

What skills do good communicators use? How do these skills enhance conflict resolution? The central skills which assist in resolving conflict are the use of active listening; reflecting the content of the conversation; reflecting feelings; and use of "I" statements. Of these, perhaps Active Listening is the most important.

This skill is (as you can imagine) the art of focussing on what the other person is saying. It is not the act of waiting until they finish speaking so you can talk! Be aware too of non-verbal communication in the form of body language. Listen for actual words being used, and try to understand where this person is coming from. It is not necessary to agree with them; but rather to simply try to understand the nature of the problem from this person's

perspective. When people see that you are genuinely listening, it can be like the flicking of a switch. They recognise you are trying to understand their point of view.

Reflecting feelings can be summarised as first listening to what is being said and then clarifying what you have heard. Start your sentence with the opening phrase "I see" (or "In other words") "so what you are saying is..." Follow the statement with the phrase "Is that right?" or "Have I understood you correctly?"

Try to be clear, brief and to the point. Stay focused on the issues and not be sidetracked. This demonstrates understanding and encourages a more open level of communication. It also allows you to test any assumptions you have made about the situation.

Try to summarise the other person's concerns in an attempt to understand. Test your own assumptions against the others' views.

There is a wealth of material and information available on the attributes of an assertive communication style. A good search engine is your friend.

Use a collaborative approach

Strategy 5

Research has also found that a collaborative approach to conflict is the most effective of all approaches. This occurs when you work together to reach a solution, and acknowledge the concerns of both parties.

Stay focused on what you want to achieve, and listen genuinely to what the other party states is their desired outcome.

People tending towards a collaborative style try to meet the needs of all people involved. They are both Assertive and Collaborative. These people can be highly assertive and they cooperate effectively and acknowledge that everyone is important. This style is useful when you need to bring together a variety of viewpoints to get the best solution; when there has been a history of previous conflicts in the

group; or when the situation is too important for a simple trade-off. Collaborating may take the form of exploring the disagreement in an open and frank way or trying to find creative solutions to a problem.

Collaborating is used:

- to arrive at an overall solution when the concerns of both parties are vitally important to them and cannot be compromised
- when your objective is to learn – for example, testing your own assumptions, and understanding the views of others
- to merge insights from people with different perspectives on a problem
- to gain commitment by incorporating others' concerns into a decision
- to work through hard feelings which have an effect on interpersonal relationships.

Own what's yours

Strategy 6: Accept responsibility for your contribution to the conflict

We all have a personal contribution in a conflict. Realise that owning your personal responsibility is a strength, not a weakness. Effective communication involves admitting when you're wrong. If you both share some responsibility in a conflict (which is usually the case), you can look for and admit to what's yours. It defuses the situation, sets a good example, and shows maturity. It also often allows the other person to own their contribution to the conflict as well and respond in kind, leading you both closer to mutual understanding and a solution.

A critical aspect of accepting responsibility for your contribution to the problem is the recognition that you have some control in the dynamic, rather than being a passive bystander. You can CHANGE some aspects of the dynamic.

Getting outside help

When conflict has escalated beyond a point where it is easily managed or involves strong emotions, it is necessary to seek external help.

Most workplaces have grievance procedures or a complaint mechanism which can be used in these cases.

Natural justice dictates that such complaints are in writing before any formal investigation can occur. It is advisable to seek the support of a manager or colleague to address the issue and provide advice about the grievance procedure. Whether the on-site manager or colleague is consulted, is a decision which can only be made by the aggrieved party/ies. If the manager is the source of the conflict, then it may be necessary to address a complaint to other personnel.

And the teacher I mentioned at the start of this article offered his comments on dealing with conflict. He said:

- Take a deep breath before jumping into dealing with any conflict.
- Take the time to identify the issue. Is it real? Is it ongoing or one off?
- Commit time and resources to fixing any problems. Give it the respect it deserves.

These are good observations and will also undoubtedly help.

And remember there is assistance at the other end of the phone. The Bush Support Line Team can support you in dealing with workplace conflict. A team member will work with you to develop a strategy to deal with the problem in the first instance, or help to identify a way forward. The free and confidential Bush Support Line can be accessed by ringing 1800 805 391, 24 hours a day, 7 days a week. Staffed by registered and experienced psychologists, the team is a great resource.

Reference

Antonioni, D. Journal of Research in Personality, 41(1):110-125 · February 2007

Christine Martins
Clinical Psychologist
CRANaplus Bush Support Services ●



educate

CRANaplus introduces webinars

Webinars are on their way for CRANaplus members participating in online courses. “Initially, we will trial webinar delivery to support the *Stay Safe and Secure Course in Docker River* in March,” says Chris Mazloomi eLearning Developer at CRANaplus, “and we will be delivering live presentations online by the middle of the year.”

With the introduction of eLearning in 2016, CRANaplus has made learning more accessible, more consistent and in many cases more cost effective for the remote workforce.

Using a blended approach, CRANaplus has provided learners with the most effective mode of delivery given the subject matter and the remote and scattered location of our learners.

“That is till now!” says Chris. “The availability of faster and more reliable internet connection,

particularly via NBN and upcoming 5G mobile communication, means we can – and we should – start providing live presentations online.”

With the introduction of eLearning in 2016, CRANaplus has made learning more accessible, more consistent and in many cases more cost effective for the remote workforce.

Director of Education Services Sue Crocker outlines CRANaplus’ involvement in eLearning over recent years. Traditionally adult learning has taken place by studying offline resources and attending face-to-face lectures, discussion groups or practical labs, she says.

Offline resources included printed manuals, online manuals in PDF format and, in more recent years, audio-visual resources.

In 2016, CRANaplus established eRemote, the CRANaplus learning management system that hosts all of CRANaplus online learning material.

Since then, it has evolved to provide more than 30 short courses and is the platform where all pre-course learning material is made available for participants of our larger courses such as MEC, MIDUS, REC, AREC, PEC. CRANaplus has presented material mostly in pdf format with quizzes and video clips to support the learner.

In the past two years CRANaplus has invested heavily in human resources, IT infrastructure and learning software to ensure a positive learning experience for our users by providing contemporary and engaging online learning material. “It’s an ongoing process,” says Chris. “As you can imagine there are so many things

we need to do to ensure our participants are provided with a really positive experience. Our team has been working in the background to ensure the IT infrastructure and education rigor is in place for us to deliver our latest development – live presentations via webinar.”



What is a webinar and what are its benefits?

A webinar (derived from web-based seminar!) by definition is live and interactive. One or a panel of presenters communicate with an audience through a webinar software. Presenters can easily pose questions to the audience and collect and tally answers immediately through polls. The participants can also raise hands and request to speak, exactly as it is done in a classroom, or pose a question and receive their answer through Q&A features.

From a learner’s perspective webinars are great because they are generally:

- **Cost effective** – Much cheaper to produce, therefore cheaper than a face to face session
- **Convenient** – One doesn’t have to travel and can attend with the worst bad hair day!
- **Available on-demand** – By accessing the recorded webinar one can rewind, forward, pause or repeat as many times as you want!
- **Less distractive** – Not seated amongst tens of others on a cold, uncomfortable chair, distracted by someone chewing gum!
- **Larger content** – Can be sliced into a number of smaller sessions and delivered.

Chris Mazloomi
eLearning Developer, CRANaplus ●

extreme challenges – being pregnant in extreme heat country



CRANaplus Senior remote Clinical Educator Glenda Gleeson presents the story of one young pregnant woman to describe the extreme challenges facing mums-to-be in remote communities – and to focus on telemedicine as a sign of hope for the future.

Picture this scene... the temperature hovers around 46–48°C. Day after day. People remain bunkered away in the shelter of air conditioned homes – if their air conditioning is working. A blanket of silence envelops the community except when a small group of children have worked out how to release the bolt on the fire hydrant and cause a jet spray of cold, high pressured water to blast them across the street! A slight breeze gives a little relief in the evening, so the mattress is taken on to the verandah where a few degrees of cooler air can be enjoyed, if you can tolerate the dogs' constant, noisy engagements with each other.

This was day-to-day life in a remote community I recently had the privilege to spend time in. Sharing time with the women, some very young and some more mature. Memories I hold onto.

I recall seeing the quiet excitement on the face of a young woman when she learnt she was pregnant.

I recall seeing the quiet excitement on the face of a young woman when she learnt she was pregnant. This is an exciting rite of passage for many young women in remote communities, giving a sense of joy and purpose to their life in such an isolated part of Central Australia.

Pregnancy was a special gateway that enabled me to engage with the young women. They freely came for antenatal care when they heard the midwife was in the community.

This is a significant change from some years ago when the women would often hide away and feel too shamed to come to the clinic when invited. A new generation of young women are now eager to engage in antenatal care. The encouragement and support of long-term health staff in the community have contributed to this openness of women to attend for antenatal care.

Living on a remote outstation creates significant problems when a pregnant woman has multiple chronic diseases and/or faces social challenges.

Living on a remote outstation creates significant problems when a pregnant woman has multiple chronic diseases and/or faces social challenges.

Here's an example: a single mum with three young children and an elderly grandma to care for, needing to be admitted to hospital to develop a management plan for her pregnancy.

How can she make her way to the nearest regional centre 380km away? How can she stay away for six days? Who is going to care for the children and grandmother? This woman had very limited extended family to support her, she is separated from her abusive partner and, although she wants to do what is best for her baby, how can she balance this with her other family responsibilities?

Such situations prove difficult for both the woman and her midwife. Unfortunately, this is the reality for many pregnant women living in remote locations and their midwives. The challenge is to work out a solution together that is achievable.

In this situation, the relatively recent implementation of telemedicine enables the midwife and medical staff at the regional centre to dial into the primary health clinic at a set time and talk with the woman and the health staff about best options of care. Telemedicine has potential to improve care for pregnant women living remotely. Progress is providing easier access to antenatal care for many women living in very remote areas and in extreme conditions and it is hoped that increased continuity of midwifery care can happen via telemedicine.

In instances where a woman lives very remotely, the primary health staff will drive to the outstation 50km away to bring the woman to the clinic for the planned consult, then return her home to her community. A challenge culturally in this situation, with changes to security policies, is that women are often being transported by male health staff. Not ideal when attending health services for women's business.

Telemedicine has potential to improve care for pregnant women living remotely.

Fortunately, for the mum-to-be in our story, the health centre manager in her community is very committed to working closely with the women to ensure they have the best options possible, so will work closely with her to make this happen.

Although not continuity of care in the truest sense of the concept, regular visiting midwives could link women to the midwifery group practice in the regional centre via telemedicine, thereby creating an enhanced relationship to assist women during pregnancy. Unfortunately, this system still does not enable women to birth on country. Women are still encouraged to transfer to the regional centre hundreds of kilometres away often alone to await birth due to lack of adequate birthing services closer to home. ●

Overview

Clinical trials are a cornerstone of evidence-based practice in health. This five-day short course provides an introduction to study design, management, analyses and reporting of clinical trials. Participants are introduced to key concepts and requirements for ethical conduct and Good Clinical Practice (GCP) with a focus on international health trials.

The course focuses on public sector and investigator-initiated research rather than pharmaceutical industry research. Participants will develop their own research protocol and will gain some hands-on experience in conducting clinical research.

This program is designed to cover the fundamentals of methods for clinical trials (including trial design, randomisation, blinding, sample size etc.), ethical conduct and GCP, design of data collection tools and data management, introduction to data analysis and reporting of clinical trials.



The course coordinator

The course will be coordinated by Dr Kamala Ley-Thriemer. Kamala has extensive experience in clinical trial design, management and analyses, and has conducted large-scale trials aiming to improve therapeutic options for a range of infectious diseases both in Africa and Asia.

Kamala is the clinical trials coordinator at Menzies School of Health Research. She has lived and worked in the field in Asia and throughout Africa for many years, focusing on malaria, typhoid and cholera. She has expertise in vaccine trials, therapeutic trials and epidemiological studies. Kamala's current research is focused on malaria studies, including a radical cure for vivax malaria and improving in-country capacity for malaria control.

3 - 7 June 2019

Register your interest now!

Program Schedule:

Monday, 3 June to
Friday, 7 June 2019
9.00AM-4.30PM

Venue:

Menzies School of Health Research
Charles Darwin University
Building Red 9,
Casuarina Campus
Darwin, Northern Territory,
Australia.

Cost: AUD \$2,000.00

Coordinator:

Dr Kamala Ley-Thriemer

Other information:

Morning tea, lunch,
refreshments and all
study materials included.

Participants will receive a
certificate of attendance which
can be used to apply for
professional development points.

Topics to be covered:

Day 1: Introduction to key
concepts in clinical
research and GCP

Day 2: Clinical trial design

Day 3: Clinical trial
management, data
collection tools and
data management

Day 4: Data analyses for
clinical trials

Day 5: Clinical trial reporting

nursing agency supports education

Nursing agency CQ Nurse, which specialises in placing nurses in regional, rural and remote areas of Australia, had the opportunity to exhibit at the 2018 CRANaplus International Conference. This was a great opportunity to meet with our current nurses attending the conference, to chat to potential future agency nurses and to connect with clients we so often liaise with via phone and email.

Professional Development is a vital part of nursing and we have our Education Assistance Program running year round for our own nurse pool. We recognise that it can be an increasing expense for nurses to ensure they keep up to date and meet the requirements of different states and locations, so, at the Conference,



we took the opportunity to run a competition for those who enquired at our booth to go into the draw to win a \$500 CRANaplus voucher for a Professional Development course of the nurse's choice. Our winner, Karen O'Shea, was delighted to find out she was the prizewinner and had a few ideas about which courses she would like to put her voucher towards.

We look forward to seeing you all in the Hunter Valley this September. ●



Above: (left to right): Karen O'Shea with CRANaplus Trainer Jackie Matear.

For more information and to register your interest in this course,
email: education@menzies.edu.au

RAHC launches four new eLearning modules on a new online platform



Remote Area Health Corps (RAHC) has launched four new eLearning modules to further assist, educate and strengthen the transition of urban-based health professionals into remote primary healthcare. The new modules will be hosted on a new and improved eLearning platform.

The *Remote Nursing Scope of Practice and An Introduction to Remote Driving* modules were developed in conjunction with the Central Australian Rural Practitioners Association (CARPA) whilst modules focusing on Trachoma Grading and Trichiasis Grading were developed with Indigenous Eye Health at Melbourne University. Currently, Australia is the only developed country with endemic trachoma, affecting only the Indigenous population, which is notably prevalent within communities in the Northern Territory. The development



of these modules, particularly trachoma and trichiasis grading, is an imperative educational tool in assisting health professionals towards eliminating trachoma by 2020. Through further education for both patients and health professionals, there has been a reduction in the rate of blindness amongst Indigenous people from six times the national rate to three times the national rate.



RAHC's award-winning eLearning platform, which now boasts 23 modules, has long been central to preparing health professionals to work in remote Indigenous settings.

This portal has helped orientate and better prepare health professionals to understand their scope of practice, legal and legislative requirements, cultural awareness and how better to use tools such as the CAPRA manuals to treat clients in remote areas.

Aaron Richardson, Northern Territory Manager – RAHC, said "The development of four new eLearning modules have been designed to further support health professionals who are interested in working in Indigenous healthcare.

"Over the past 12 months more than 5,500 modules were completed. We have already seen a rise in participation numbers since the launch of the new platform in October and there has been keen interest in the Trachoma Grading and Introduction to Remote Driving modules, both



of which explore specific challenges faced by health professionals when working in remote Indigenous healthcare.

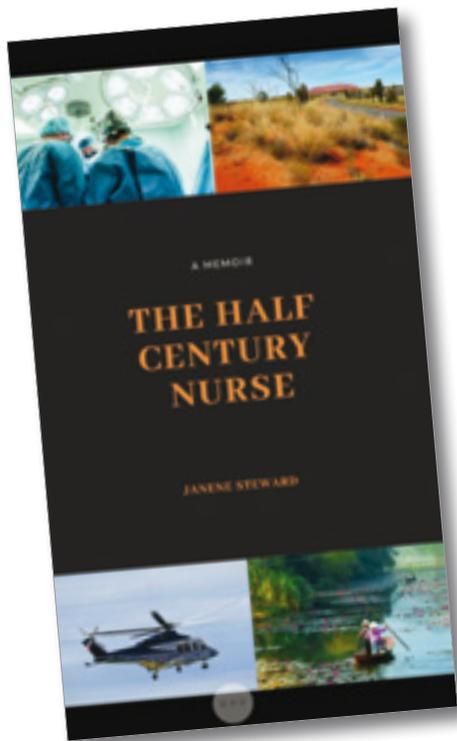
"With this move to the new portal, we are now in a position to develop eLearning modules more efficiently. We will be looking to develop more modules and partner with more organisations to create relevant educational eLearning content. This will offer support to all health professionals to make a smooth transition to working within a remote Indigenous community."

The RAHC program is currently funded by the Australian Government until 30 June 2019.

The new eLearning portal is accessible through the rahc.com.au website. ●

RAHC
REMOTE AREA HEALTH CORPS

Top row, from left: RAHC Elcho Island; RAHC Elcho Island; RAHC Ampilatwatja. Bottom row: RAHC Impanpa.



The Half Century Nurse

A Memoir Kindle Edition

By Janene Steward

About the book

With extreme sensitivity and a sometimes wicked, sometimes irreverent sense of humour, Janene Steward narrates a nursing career that has spanned continents as well as half a century.

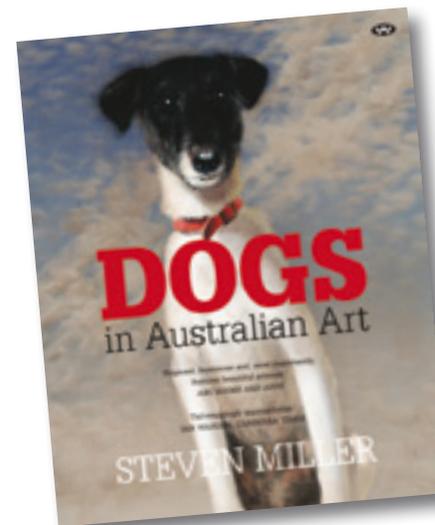
As her 50-year career draws to a close, Janene looks back on the good, the bad and the ugly of her life as a nurse and dissects the aspects that have kept her faithful to the profession.

Recalling stories of middle of the night emergency procedures where lives hung in the balance, curmudgeon doctors and patients with predilections for phallic objects, she brings her career to vivid life.

With early experiences in Australia and the UK, through to more recent escapades as a volunteer in Asia, Janene's stories include facial reconstruction surgery on a social outcast, chickens walking through a supposedly sterile operating theatre environment, eating a dessert of freshly-minced goat placenta and reflections of how tragedies in Vietnam would be managed so differently in the western world.

Her most recent experience as a relief nurse in remote communities has given Janene perspective on the health crisis that prevails in spite of successive governments' commitments to improving Indigenous health.

www.amazon.com.au



Dogs in Australian Art

By Steven Miller

RRP \$39.95

About the book

Dogs in Australian Art looks at Australian art through the lens of dog painting, showcasing over 150 masterworks that illustrate the deep bond between Australians and their best friends.

Steven Miller's whimsical text argues that all the major shifts which occurred in Australia art, and which have traditionally been attributed to the environment or historical factors, really occurred because of dogs.

"A delightful book."

Sun-Herald

"*Dogs in Australian Art* is one of those books that is a work of art in itself; a beautiful collection of art that you will want to leave on the coffee table, as it will surprise and delight anyone that picks it up. 4 out of 5 stars."

Roz Bellamy, *ArtsHub*

His book is also a study of how the various dog breeds have been depicted from colonial times until the present. It features over 80 dog breeds.

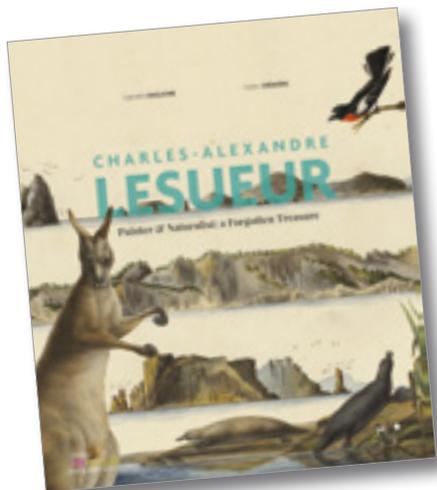
About the author

Steven Miller is head of the Research Library and Archive of the Art Gallery of New South Wales. He has published widely on art, with his book on Australian culture between the two world wars (*Degenerates and Perverts*) winning the NSW Premier's Australian History Award in 2006. He lives in Sydney and is the proud owner of Finbar, a Welsh Terrier.

www.wakefieldpress.com.au



Photo: Sue Ellen Kowacks.



Charles-Alexandre Lesueur Painter and naturalist

By Gabrielle Baglione and Cédric Crémère

RRP \$79.95

About the book

19 October 1800, Le Havre, France. Charles-Alexandre Lesueur set sail on a voyage of discovery to the Southern Lands led by Nicolas Baudin. During this four-year journey to the other side of the world, he demonstrated his talents as a natural history artist with a gift for scientific observation.

In the spirit of the great explorers of the Enlightenment, Lesueur devoted his entire life to combining passion and observation, adventure and art.

Driven by an insatiable curiosity, during a golden age for natural history and learned societies, he travelled constantly throughout his life, between Oceania and Europe, and to the United States.

His sketchbooks and vellums provide a record of the animals, landscapes and Indigenous people he encountered.

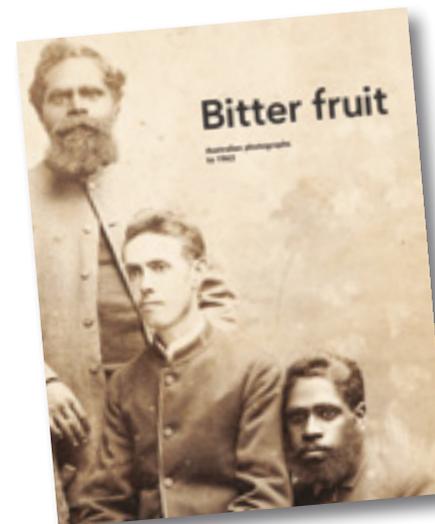
Lesueur sketched, described and sought to understand a world that was still little known, a world that remained to be discovered.

The fineness of his drawing, the realism of the colours he used, the accuracy of his descriptions make him an exceptional natural history artist. His work is a true artistic treasure that is still relevant to science today.

www.wakefieldpress.com.au



Photo: Steph Jeremy.



Bitter Fruit Australian photographs to 1963

By Michael Graham-Stewart and Francis McWhannell

With Jonathan Dickson

RRP \$110.00

About the book

Bitter Fruit is a brand new title from Michael Graham-Stewart, showcasing a collection of early photographs, many previously unpublished, focusing on Indigenous Australians. Presented in a beautiful hardcover, this is a breathtaking document of the Australian experience.

The photographs reproduced in this book were collected over the past decade or so.

During this time, online archives have grown in number and size, raising questions about what should be made available to the general public, and who should decide.

At the same time, it has become easier to find information about the people who took the photographs, the places they were taken, and, most importantly, the individuals depicted.

If this book has a purpose, it is to offer a sequence other than the familiar one, to broaden and to texture our sense of the histories of the place we know today as Australia.

In these photographs, we can find evidence of wrongdoing and suffering, but also of resistance, adaptation, and continuity. Then, too, the images frequently reveal the agency of their 'subjects' – a force that can transcend the problems associated with the moment of making.

About the authors

Michael Graham-Stewart specialises in gathering up colonial photographs in order to reconstruct the complex stories that such materials encode. His particular interest is in exploring the ways in which photography operates not only as an instrument of oppression, but also as a means of connecting with people of the past. Michael has published several books on photography, including *Surviving the Lens* (2001), *Out of Time* (2006), *Framing the Native* (2011), and *Negative Kept* (2013). A Scot raised in England, he currently lives between London and Auckland.

Francis McWhannell is an independent writer and curator from Aotearoa New Zealand. He holds a Bachelor of Arts (Honours) in Museums and Cultural Heritage from the University of Auckland. He has contributed to various publications, including *Painting: A Transitive Space* (Auckland: ST PAUL St Gallery Three, AUT University, 2017) and *Dynamo Hum: Denys Watkins: Selected Paintings 2004-2016* (Auckland: Rim Books, 2017).

www.wakefieldpress.com.au



Photo: Sue-Ellen Kovacks.

professional

CRANaplus recognises that the aged care user cohort is becoming more diverse with specialised skills required to meet the increasing diversity of service needs.

More than one in ten senior Australians have diverse sexual orientation, gender identity or intersex characteristics.

The Morrison Government has released the Aged Care Diversity Action Plan for senior LGBTI Australians to help address the specific barriers and challenges they face in accessing aged care services (Australian Government Department of Health, Aging and Aged Care, 2019). ●

LGBTI-inclusive ageing workshop

The CRANaplus After Hours Aged Care Services Project recently coordinated 2 workshops in North QLD promoting LGBTI Inclusivity in Residential Aged Care Facilities. Delivered by the Queensland AIDS Council this unique four-hour workshop was designed to help promote a better understanding of the needs of lesbian, gay, bisexual and transgender older people and people with intersex characteristics.

The workshop aimed to provide staff with more confidence to deliver an inclusive best practice service at their facilities.

The facilitators, from the Queensland AIDS Council Inc. delivered a powerful interactive and valuable workshop that focused on:

- LGBTI populations, what do you know, what do you need to know

- Inclusivity in aged care, what services should know, what services can do
- The importance of Advanced Care directives for LGBTI populations
- Self-assessment tools and Rainbow Tick accreditation documentation, what can participants' services do to improve inclusivity.

All evaluations received were most positive and all participants felt that they learnt a great deal of relevant skills and information to assist them in their care roles.

CRANaplus recognises that the aged care user cohort is becoming more diverse with specialised skills required to meet the increasing diversity of service needs. The Australian Government is committed to ensuring equal access to high-quality, culturally appropriate aged care for all Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex (LGBTI) people.



LGBTI Inclusivity Training Workshop, Carinya, December 2018.

professional services overview

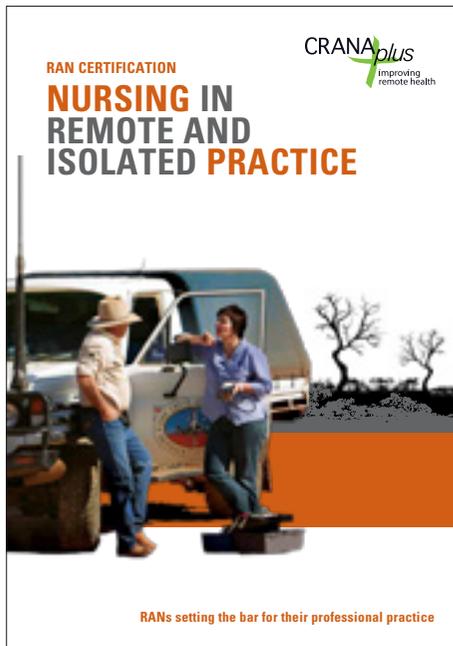


RAN Certification

CRANaplus believes that this certification process will help set a minimum standard for professional practice, improve remote healthcare, provide professional recognition of the specialty of remote area nursing and help to quantify the large amount of

educational preparation required for the role.

Details about the RAN Certification program are available on our website: <https://crana.org.au/certification/ran-certification/>



CRANaplus Remote Management Program

Dr Leigh-ann Onnis is an enthusiastic and committed facilitator of CRANaplus' Remote Management Program for the past two years. Dr Onnis is an ardent researcher with a passion for the sustainability of the remote workforce and believes that managers are the key drivers of a stable remote workforce and has recently published *HRM and remote health workforce sustainability*.

Places are available to register for this professional development program visit our website: <https://crana.org.au/education/courses/management-course/>

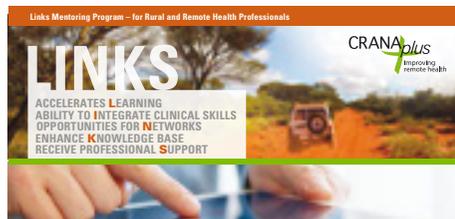
You're invited to join the Networks of Interest Community

CRANaplus has established a number of Community Network of Interest groups on Facebook.

Networks of Interest groups are a collective group of health professionals with common areas of interest. They serve as an avenue for the sharing of resources and support within the group and discussing topical issues, raising questions or asking for advice.

We encourage all to participate and share.

Marcia Hakendorf, Professional Officer ●



For more information visit www.crana.org.au

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manager's toolkit is long overdue

A new resource for remote health managers is fulfilling a long overdue need, says CRANaplus CEO Christopher Cliffe.

In his foreword to the book *HRM and Remote Health Workforce Sustainability – The Influence of Localised Management Practices*, Chris acknowledges that, historically, many great remote health professionals have been thrown under the 'proverbial bus' when management responsibilities are thrust upon them.

This book he says clearly, concisely and practically helps managers address the challenges and celebrate the successes associated with providing sound human resource management to the remote and isolated workforce.

Author of the book, Dr Leigh-ann Onnis is a lecturer and researcher at James Cook University who facilitates on CRANaplus Remote Health Management courses "has lived and breathed the realities of Remote HRM," says Chris, "and continues to this day to be an expert in our area of practice."

"I hope it will help remote managers with their own management journey."

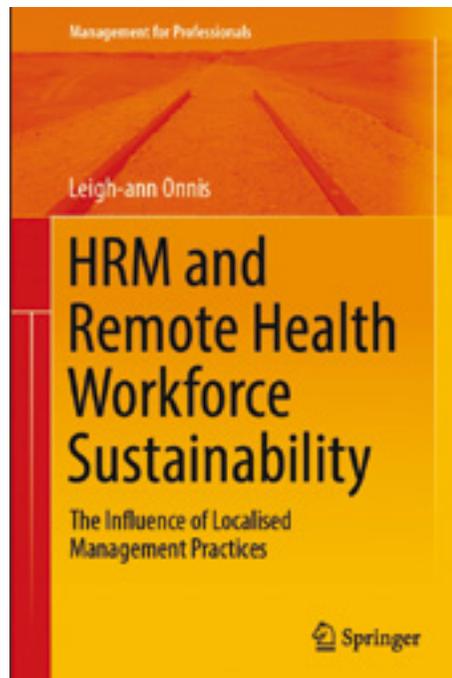
Her book draws on her experience working with remote clinicians and is an extension of her research over the past five years, says Leigh-ann.

"It offers wisdom from health managers, Human Resource (HR) managers and health professionals working in remote regions, compiled from their experiences – both the successes and the times that things could have gone better.

"I hope it will help remote managers with their own management journey."



Author Dr Leigh-ann Onnis.



Each chapter includes guidance around people management challenges, including practice examples and suggestions about resources available online or through professional bodies. In this way, readers can create their own 'Manager's Toolkit' as they read the book.

...I commend Leigh-ann for creating such a useful and enduring resource...

The book stems from two realities, says Leigh-ann: the high workforce turnover in remote areas and the difficulties facing remote managers trying to access management development or leadership training, coupled with research in recent that shows managers are the key to workforce sustainability, and that new managers need training and support to develop context-relevant management skills towards localised practices.

The word 'sustainability' in the title, says Leigh-ann is used to describe a remote health workforce where there is an appropriate mix of health professionals with suitable professional attributes balanced with the personal characteristics required to meet the needs of remote populations.

CRANaplus as the professional body for remote health has for many years identified this as a key challenge within our industry, says Chris.

"I have had the pleasure to know and work with Leigh-ann Onnis in a variety of professional capacities over the years," he says. "Her knowledge is deep, her practice sound, her solutions innovative, her research applied and her mannerisms reassuring.

"On behalf of the remote health industry, I commend Leigh-ann for creating such a useful and enduring resource and highly recommend all remote health managers read and keep a copy of this book handy." ●



Photo: Amy Hill.

the future of rural health

The future practitioners and advocates of rural health in Australia gathered in Melbourne over the weekend of the 23 and 24 February. Student Presidents of Rural Health Clubs, representing some 28 university clubs and over 6000 student members, met to discuss plans for promoting and advocating for rural health in 2019. This Council Meeting, the first of two biannual meetings held by the National Rural Health Student Network (NRHSN), brought together student representatives from far North Queensland, Broome, Alice Springs, Tasmania and everywhere in between.

Student run Rural Health Clubs are based at Universities around Australia. They include students studying a vast array of health degrees, including medicine, nursing, dentistry, social work, pharmacy and many other allied health degrees who all share an interest in rural health.

The National Rural Health Student Network works to support these clubs on a national level, one aspect of which involves hosting Council meetings.

Up for discussion at this Council meeting were intervarsity events, scholarship opportunities for students, workshops on advocacy and leadership among many other sessions.

It is hoped that students will be able to take these new-found skills back to their Universities and improve their Rural Health Club's impact on student enthusiasm for health in the country.

One particular highlight for students was interacting with other club representatives from around the country.

"It was good to learn about other club's structures," one student said. "It felt collegial and made me realise the common threads in most clubs."

The weekend allowed for opportunities for clubs to discuss with one another some of the challenges they faced and share strategies for overcoming those problems. The Council also voted to adopt the NRHSN 2019 Business Plan. This year the Business

Plan will focus on developing positive, clear and supported rural training pathways, the promotion of Aboriginal and Torres Strait Islander Health, as well as nursing, midwifery and allied health student engagement. The second Council meeting of the year will be

held on 24 and 25 August, where it is hoped that many of the returning club Presidents will be able to share insight on how 2019 has progressed and pass on that knowledge to incoming leaders of Rural Health Clubs around the country. ●



mobile dentistry team visits residential aged care facilities

Project Outback Dental (POD), a locally owned and operated family business based in Townsville, aims to provide premium dental services at affordable rates in places and for people experiencing challenges in getting dental treatment.

POD has a Mobile Dental Cart for addressing dental care which can be used in remote and rural locations, schools, hospitals and Residential Aged Care Facilities (RACF).

Inspired by a passion for rural and remote dentistry, a shared sense of adventure and the use of top-notch equipment, dentist Dr Garret Robles and his wife Mary Ann Robles have built two unique, complimentary dental practices to keep their sense of adventure alive.

In December 2018, POD visited Ozcare Port Douglas in Far North QLD, one of four Residential Aged Care Facilities that CRANaplus' After Hours Aged Care Project, funded by the Northern Queensland Primary Health Network (PHN) delivers to. This was the third visit from POD for the project but the first to this facility which is always exciting for staff and residents alike. Each visit is preceded by a presentation on oral health and hygiene to staff and residents of the facility giving attendees the opportunity to see how far technology and portability has come in the dentistry world.

Thirteen residents from the facility were seen for oral health assessments with median age being 80 years. Most of the patients seen were not in any pain but the use of POD's new Oral Health Assessment Tool (OHAT) made dental charting and assessments more comprehensive. All consults were delivered in the residents own room making it comfortable, accessible and efficient for the dental team and residents with mobility issues. It also made for lovely



interactions between the dental team and the patient as discussions were prompted by objects within their own rooms, taking the focus away from any fear about seeing the dentist! The residents are billed directly at DVA rates which makes it extremely cost effective.

It is well known that older people in RACFs have limited access to appropriate oral health systems, preventative dental care and other dental services due to myriad challenges. As people age, they face a special set of challenges including frailties, lack of coordination, reduced mobility, failing eyesight and decreased sense of smell. All these challenges can prevent the elderly from maintaining good personal oral hygiene which is so important to their overall health and wellbeing and essential for healthy ageing.

CRANaplus After Hours Aged Care Project continues to advocate the need for greater collaboration across dental health services, to enhance the promotion of better oral health for residents in RACF's. The adventures of Project Outback Dental keep this pursuit alive. ●

Images: Dr Garrett and patient Judith.





connect

new resources provide a snapshot of aboriginal and torres strait islander children's respiratory health

The Australian Indigenous HealthInfoNet, located at Edith Cowan University in Perth, Western Australia has recently developed a suite of resources on respiratory health among Aboriginal and Torres Strait Islander children.

The resources are based on the 2018 release of the *Review of respiratory diseases among Aboriginal and Torres Strait Islander children*, co-authored by a number of respiratory health experts, including Dr Kerry-Ann O'Grady, Dr Kerry Hall, Professor Anne Chang, Anna Bell, and also Christine Potter from the HealthInfoNet. The review advocates for a greater focus on the lung health of Aboriginal and Torres Strait Islander children, and recommends:

- improved access to best practice medicine to reduce the burden of respiratory illness
- improvements to socioeconomic factors

- reducing harmful exposures
- addressing access to culturally acceptable health care and illness prevention programs.

As part of the HealthInfoNet's commitment to making knowledge around Aboriginal and Torres Strait Islander health more accessible, our narrative reviews are accompanied by a suite of knowledge exchange resources. These resources aim to provide quick snapshots of the information provided within the review, and highlight key points of interest or concern.

The resources produced include:

- a factsheet
- a three-minute video
- the recording of a webinar conducted with Dr Kerry-Ann O'Grady and Dr Kerry Hall.

The factsheet and the video provide information on: the prevalence of respiratory diseases

among Aboriginal and Torres Strait Islander children; conditions of concern; burden of disease; risk factors; prevention strategies; and the importance of respiratory disease data.

The webinar, which runs for approximately 40 minutes, discussed the issue of *Respiratory illness in Aboriginal and Torres Strait Islander children: contemporary challenges*, and highlighted:

- data on hospitalisations and mortality
- the importance of local data
- parent/carer perspectives
- associations with trauma
- the challenges
- how data can lead to change.

Find out more information on respiratory health among Aboriginal and Torres Strait children on the HealthInfoNet's Respiratory Health Portal. ●



emergency contraception – not only for the morning after and more than just a pill



Unintended pregnancy is a local and global public health challenge. Approximately 50% of pregnancies in Australia are unintended (Mazza et al, 2017) and over half of these occur while contraception is being used.

Based on South Australian statistics an estimated one in three women will have an abortion during their life (Grzeskowiak, Roberts & Calabretto 2017).

Even though Emergency Contraception (EC) has been available over-the-counter in Australia for 15 years, its use and understanding remains low. Some barriers to accessing EC include the cost of purchasing, access to an IUD inserter, deficiencies in knowledge among healthcare professionals and lack of awareness of pregnancy risk and EC availability in women (Grzeskowiak et al, 2017)

Its common term of the 'morning after pill' is no longer appropriate as oral emergency contraception can be taken up to five days after unprotected sexual intercourse (UPSI). The three types of emergency contraception available in Australia are:

- Oral Levonorgestrel (LNG)
- Oral Ulipristal Acetate (UPA)
- Copper Intrauterine device (IUD)

Emergency contraception should be used if a pregnancy is not desired. Both forms of emergency contraception pill (ECP) work by disrupting and delaying ovulation by up to five days. They have no effect once ovulation has occurred and are not an 'abortion' pill.

Neither pills are teratogenic nor cause termination of pregnancy. In all Australian states the law supports provision of contraception, including emergency contraception to young women with no legal lower limit for provision. Doctors and pharmacists should "be well equipped to make an assessment according to Gillick principles and to supply accordingly". (Black & Hussainy, 2017 p.725)

LNG ECP is licensed to be taken up to 72 hours and has no benefit after 96 hours post UPSI. It is recommended that clients who weigh over 70kg should be given a double dose. It can be repeated if further UPSI occurs any time after 12 hours post initial dose and has few contra indications and side effects. Its efficacy is estimated between 60–94%. The cost is approximately \$15–\$30.

Even though Emergency Contraception (EC) has been available over-the-counter in Australia for 15 years, its use and understanding remains low.

UPA ECP can be given up to 120 hours and is recommended as first line if UPSI has occurred 96–120 hours ago. It has been shown to be more effective than LNG ECP. It is not recommended for women using liver enzyme-inducing medications due to reduced efficacy. It is now recommended that breast feeding women are advised to express and discard breast milk for 24 hours after administration of UPA.

Progestogen containing contraception may reduce the effectiveness and therefore should not be taken until 5 days post UPA. The cost is approximately \$45.

A copper IUD can be inserted within 5 days of UPSI or no later than day 12 in the cycle. It is 99% effective and has the benefit of providing long term contraception. It interferes with the mobility of sperm, inhibits fertilisation and may prevent implantation of a fertilised ovum. The main disadvantage of this type of EC is access and cost. There may be limited access to an IUD inserter who also has an available and timely appointment. The cost of the device is \$100 with additional insertion charges.

Figure 1: Decision-making algorithm for oral emergency contraception (Grzeskowiak et al, 2018).



A pregnancy test should be considered after four weeks of taking EC when a period is late or if quick start contraception had been initiated. Follow up to discuss future contraception and possible screening for sexually transmitted infections should be emphasised to the client. Advance provision of oral EC is encouraged for women at high risk of unintended pregnancy or those at low risk wanting to have EC on hand in case of contraceptive failure (Grzeskowiak et al, 2017).

In all cases where unprotected sex has occurred and a pregnancy is not intended, emergency contraception should be offered. While the copper IUD is the most effective form of EC, oral EC is the most common choice. UPA should be offered as first choice in majority of scenarios but LNG remains the most cost effective choice with the least contraindications.

For more information go to www.shinesa.org.au or view the recorded SHINE SA contraception update forum recorded on 18 September 2018 <https://www.shinesa.org.au/events/education-forums/>

References

Black, K.I. & Hussainy, S.Y. (2017) *Emergency contraception: oral and intrauterine options* Kirsten I Black & Safeera Y Hussainy: Australian Family Physician Volume 46, No 10, October 2017 Pages 722-726.

Contraception: An Australian Clinical Practice Handbook. 4th Edition (2016). Family Planning NSW, Family Planning Victoria and True Relationships and Reproductive Health.

Grzeskowiak, L. E., Roberts, C. T. and Calabretto, H. E. (2017), *Emergency contraception – an evidence-based practice guide*. J Pharm Pract Res, 47: 486-493.

Mazza, D., Harrison, C., Taft, A., Brijnath, B., Britt, H., Hobbs, M., Stewart, K. & Hussainy, S. (2012) *Current contraceptive management in Australian general practice: an analysis of BEACH data* Danielle Mazza, Christopher Harrison, Angela Taft, Bianca Brijnath, Helena Britt, Melissa Hobbs, Kay Stewart and Safeera Hussainy; Med J Aust 2012; 197 (2): 110-114.

Mooney-Somers J, Lau A, Bateson D, Richters J, Stewart M, Black K & Nothnagle M. (2018) Enhancing use of emergency contraceptive pills: A systemic review of women's attitudes, beliefs, knowledge and experiences in Australia. Health Care for women International.

Nikki Brandon RN
Clinical Workforce Educator (STI & BBV)
SHINE SA ●



the path to farmer agrichemical testing widens as course provides vital training to health professionals

By National Centre for Farmer Health

Farmers know their chemicals are dangerous – but many don't realise how insidious the use of chemicals groups such as organophosphates still is. Farmers experience 'flu like' symptoms and may not really be able to put a finger on why they are feeling a bit off? Human exposure to agrichemicals can result from inhalation, ingestion, or eye or skin contact during the manufacture, mixing, or applications of these pesticides. Common symptoms of chemical (particularly organophosphate) exposure are headache, nausea, sweating and excess mucous.

Why is monitoring personal exposure to agrichemicals so important? There are a number of possible answers to this, one of the most prominent being, to find out the effect agrichemicals are having on a farms number one asset, their health.

The human body is very good at creating a buffer against substances that have an effect on its normal function and processes. This is particularly true in the case of organophosphate (OP) exposure. Exposure to OPs affects an enzyme involved in neurotransmission called Cholinesterase. Cholinesterase is one of many important enzymes needed for the proper functioning of the nervous systems of humans.



Cholinesterase inhibiting products are intended for insect pests but can also be poisonous, or toxic, to humans, fauna and pets in some situations.

Chronic and low-level cholinesterase inhibition – which is associated with a variety of adverse effects that may include degenerative neurological and psychiatric conditions – is a wakeup call. It is this type of exposure that 'chips away' at our buffer (the amount Cholinesterase can be decreased without having an effect on the body), eventually reaching a tipping point when symptoms emerge.

Lecturer and occupational health researcher Dr Jacque Cotton says "This chronic low level exposure is the type that as a farming

community we need to be working to reduce and avoid. The type of exposure that farmers and farm workers often don't know about, or don't associate with symptoms they may be experiencing."

There are few places in Australia where farmers have access to this type of testing – the type that provides an instant result and engages the farmer through follow up with a specialist registered nurse, trained in Agricultural Health and Medicine (HMF701).

The capillary test is currently carried out by the National Centre for Farmer Health as a point of care test and forms part of accredited AgriSafe™ clinics which have a focus on farmer health, wellbeing and safety. ►►



▶ Farmer, Agrisafe™ Clinician and Agricultural Health and Medicine Graduate, Tam Phillips said “Testing farmers and agricultural workers provides the Agrisafe™ clinician with the opportunity to correlate agrichemical usage with cholinesterase activity and identify low level exposures to agrichemicals which inhibit cholinesterase activity. Often farmer don’t realise they have had a low level exposure and this assists them to review and pin point risks for unintentional exposure,” she said.

Entering its 10th year, Australia’s only postgraduate agricultural health and medicine unit for professionals servicing farming communities, continues to attract participants from across Australia. Designed to confront the high morbidity and mortality rates in the agricultural industry, the internationally recognised course better equips health providers, rural professionals and our farming communities with the knowledge and skills they need to help turn things around.

To date, over 170 professionals working in agriculture, medicine, allied health, and nursing from all over Australia have undertaken the annual Deakin University unit.

Dr Cotton says “Registered nurses who successfully undertake Agricultural Health and Medicine are uniquely placed to join the AgriSafe™ network.

To find out more about Agricultural Health and Medicine, AgriSafe™ or apply for the Graduate Certificate of Agricultural Health and Medicine, visit www.farmerhealth.org.au or email Jacquie.cotton@wdhs.net or contact 03 5551 8533 ●



end-of-life essentials

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.

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.

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



Photo: Tom Gair.

New online platform delivers leading neuroscience research to regional Australia

Neuroscience Research Australia (NeuRA) has launched an online destination to make the latest information on neuroscience research, discoveries and treatments more accessible for those in rural or remote areas.

The NeuRAtalks platform provides a unique opportunity for those living in remote areas to view seminars on a range of neuroscience topics from mental health, pain, ageing and neurodegeneration, to specific diseases like Parkinson's and Alzheimer's, dementia. The platform carries a series of seminars around 15 minutes in duration by leading scientists in their field of research, including recent discoveries, research direction and clinical trials.

NeuRA CEO Professor Peter Schofield said the most recent seminar series on mental health is an exciting opportunity in NeuRA's endeavour to share knowledge and provide hope around treatment and cures that are being researched at NeuRA.

"In recent years our understanding and awareness of mental health disorders has grown, however, online information is often targeted to clinicians and mental health practitioners," says Professor Schofield.

"At NeuRA, we're transforming how the latest neuroscience research and insights are shared, to ensure those living with mental health disorders, or who have a loved one affected, can find out the latest information on research developments in an easy to understand and educational format.

"We are particularly aware of the need for greater access to engaging information in rural or remote areas, and hope that NeuRAtalks will be a step towards achieving this."

"At NeuRA, we're transforming how the latest neuroscience research and insights are shared..."

There is a special mental health series featuring senior NeuRA researchers Professor Cyndi Shannon Weickert (schizophrenia), Dr Jan Fullerton (bipolar disorder), Dr Justine Gatt (resilience), Professor Danny Eckert (sleep),

Associate Professor James McAuley and Associate Professor Sylvia Gustin (chronic pain). There is also a special series on ageing well and how to reduce your risks of dementia.

Regular seminars and lectures from NeuRA, affiliated institutions, and global collaborators, will continue to be shared on NeuRAtalks.org across 2019.

In addition, NeuRA offers online research at www.neura/discoveryportal. The Discovery Portal carries the first online library in schizophrenia with over 2000 carefully curated information sheets on schizophrenia research.

The Discovery Portal will continue featuring content on a range of research areas beyond schizophrenia in the coming years.

"In recent years our understanding and awareness of mental health disorders has grown, however, online information is often targeted to clinicians and mental health practitioners."

"NeuRAtalks is the next step in sharing our work with a global audience via a digital platform," said Professor Schofield.

For more details contact Liz Courtney on 0409 225447 ●



healthy smiles



Oral Health and Fluoride Varnish Information for Health Professionals

The Healthy Smiles Training Program has been developed for health professionals, in particular registered, remote area, outreach and Child and Family Health Nurses and Aboriginal and Torres Strait Islander Health Practitioners participating in the delivery of recognised early childhood health care programs, in particular the Healthy Under 5 Kids – Partnering Families health assessments.

The training components and assessments were developed to meet the elements and performance criteria of the unit of competency HLTOHC006 'Apply fluoride varnish'.



Further information about the unit of competency details are available at www.training.gov.au

Practitioners are able to access the Healthy Smiles online theory training program by enrolling either as a Northern Territory Health employee or as an external by using 'Application for Non-Departmental staff' at www.mylearning.nt.gov.au

For further information, contact the Oral Health Training Coordinator via email orahealthpromotion.ths@nt.gov.au or phone 08 8922 6416.

Related publications

Healthy Smiles: oral health and fluoride varnish information for health professionals
This resource can be used in conjunction with the fluoride varnish training program. It was designed to provide non-oral health professionals with some oral health background information, knowledge about early childhood caries as well as prevention and management. ●



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Anne Mitchell,
HESTA member

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