

issue 109 | autumn 2018

CRANA^{plus} magazine

the voice of remote health

RRP: \$10.00

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



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Building Resilience & Reflective Practice

Are you a health worker facing the challenges of working in a remote health context?

Do you know how to stay emotionally strong and build psychological resilience in this context?

Would you like to learn best practice strategies of self-care and reflective practice?

Then the CRANaplus Building Resilience & Reflective Practice (RES) course is for you

The aim of the course is to build psychological resilience in the remote and isolated health workforce. Course participants will explore the best practice principles of positive psychology and reflective practice.

Cost

CRANaplus Members \$300
Non-members \$350

Course Dates and Locations

NSW, Tamworth, 3 May 2018

Course Delivery

The one-day course is presented face to face. The facilitator will be a CRANaplus Bush Support Services psychologist.

On completion, graduates of this course will have received:

An Introduction to Mindfulness:

- Introduction to the concept of Mindfulness – the art of being fully present
- Becoming more aware so as to fully observe what is happening in the body, thoughts & environment without judgement
- Extensive discussion as to the benefits of being Mindful in the workplace

Reflective Practice:

- Engages with the messiness, the unpredictability and the uncertainty of practice
- Emphasises the expertise – skills and the artistry of professionals
- Provides opportunities to describe experience
- Assists in identifying personal issues
- Enables empathy with others

Positive Psychology and Good Self-Care:

- Building of resilience rests on a foundation of good self-care
- Change is inevitable
- Need to develop own self care package
- Being aware of strengths & areas that require an investment of time/energy



CRANaplus Bush Support Services:

Ph: 07 4047 6403 Email: bssadmin@crana.org.au

from the editor

The first quarter of the year is behind us, and it's all go here at CRANaplus.

Courses on offer are filling at an unprecedented rate with members getting bang for their buck through their membership benefits.

A new offering is the *Fundamentals of Rural Nursing Practice Workshops* which Registered or Enrolled nurses working in a rural setting will find of great value. It's designed to enhance knowledge in recognising and responding to the clinically deteriorating patient, and developing effective communication and clinical handover skills. Check page 72 for course locations.

Other news: the CRANaplus Call for Abstracts and the Annual CRANaplus Awards are now open; the first round of the Undergraduate Clinical Placement Scholarships has opened; CRANaplus Bush Support Services are repeating their successful Mindful Photography Competition which asks you to capture and share a contemplative moment; members and students share inspiring stories; we introduce Amanda the newest member of the Education team who tells us about the new course designed to sharpen your skills around mental health emergency presentations; and stakeholders keep us abreast of the latest industry news. Last but not least, nominations for the CRANaplus Awards are now open. Final closing date for nominations is 30 June.

Watch the website for information about Grants to support members to attend Conference and also Grants to support CRANaplus course attendance, made possible through the generosity of the Nurses Memorial Foundation of SA.

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

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

About the Cover: RAN Darien Payne with his mate Clayton. Read full story on page 10.

from the ceo



Dear CRANaplus Members and Stakeholders,

Welcome to the latest edition of the Magazine that brings you all things rural, remote and isolated when it comes to health services in Australia.

We continue to receive great feedback regarding the Magazine's intuitive layout, beautiful pictures, stunning stories shared from exotic locations and the wealth of information about this amazing area of healthcare. We love your feedback and are always keen to improve so please don't hesitate to contact Anne-Marie the CRANaplus Magazine editor with comments or suggestions, especially if you know of stories that need to be told.

The core business and attention of CRANaplus is the remote health workforce, those nurses, midwives, Aboriginal health practitioners, dentists, doctors, social workers, psychologists, podiatrists... (the list goes on) who share the benefits and challenges of practicing in the context of remote and isolated areas. Having said that, we know the bulk of the workforce in remote health (just like all other areas of health care) are nurses. Logic clearly follows that many of our products and services are aimed at this part of the workforce. However we understand that it's the entire team that makes healthcare possible in the bush. Therefore we try very hard to ensure all of our services and products are suitable to all health disciplines.

In this fast-paced and competitive health care environment, flexibility, adaptation and change are essential elements for an organisation's survival. CRANaplus is not exempt from this and we work very hard to be abreast of current issues while keeping an eye on the horizon, so we are prepared for what may be coming!

While keeping an intense focus on our key responsibilities in remote and isolated health, the business of CRANaplus also works more broadly in areas that help make remote communities strong. This is why the 'tentacles' of CRANaplus in rural and remote areas also operate in aged and disability care, with nurses and midwives working in small country hospitals across Australia, the Community Night Patrol workforce, international rural and remote nursing and midwifery, and a variety of other places.

Rest assured this does not dilute your professional body, but makes it stronger, more engaged and with greater capacity to work on your behalf to meet our mission *'to promote the development and delivery of safe, high quality healthcare to remote and isolated areas of Australia, by representing, supporting and educating the remote and isolated health workforce'*.

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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engage

from the chair

So much has been said in recent times on the topic of a just and civil society. A sense of justice has been widely discussed: civility, I feel, deserves more attention.

In health care, the demand of the job requires accurate and quick decision-making, often with limited time to exchange the pleasantries.

I spent time recently in an acute care environment and paid attention to how the staff addressed the elderly person, the Indigenous person and a disabled person. I took the time to do some reflective practice and noted a few observations.

The Allied health staff impressed on the patients they had a task to achieve; the medical staff impressed on the patients that they knew what was wrong and how to fix it; the nursing staff impressed on the patients how the patients needed to do as directed.



Photo: Ken Farmer.

All was put in a caring way and with the desire to bring good. But I found myself challenging the consequent impression that could have been left for those patients, perhaps residual feelings that they had done the wrong thing and needed to be told off.



Work in human service delivery is often a demanding gig and I wonder how often we unconsciously transfer that feeling of frustration onto the patients we deal with. I also wonder how often we just need to find that bit of extra time to ask the patient what they think is the best way to address the issue at hand. I feel this will enrich the experience and empower our patients, who often come to us feeling disempowered and vulnerable.

Solutions focused, often our approach, as is our given in remote care environments has to be balanced by being informed, and acknowledging consequence.

The consequence of one country invading another country is a hot topic for further consideration. In Australia, there continues to be painful residue. Yet we keep rationalising how much better life is. Reading Noel Pearson on the topic of Australia Day, **Let us honour the before and after – Inquirer – Weekend Australian Jan 27-28, 2018** makes for honest debate and gives a reasonable solution for us to go forward equally between nations in this the land of opportunity and decency.

Best regards

Paul Stephenson
Chair, CRANaplus Board of Directors ●

opening pandora's medicine box – registered nurses in very remote Australia, medicines and the law



Are you one of the more than one thousand Registered Nurses/ RANs working in very remote areas of Australia?

Katie Pennington is among your ranks and wants to understand more about your experiences working with medicines and providing healthcare in very remote settings.

As someone who has grown to love the central desert region, after a few years away from frontline nursing in remote Australia to start a family, Katie returned to work in a Continuous Quality Improvement role in a remote community controlled health service in the Pilbara in 2016.

Her return to work coincided with the introduction of new Medicines and Poisons law and

regulations in WA. Spending many late nights reading the legislation, old and new, to help her adapt to the changes, Katie became frustrated at the lack of consideration for the very remote nursing workforce and their patients in the legislation. She quickly joined a group of WA health professionals advocating for legislative changes, specifically in the area of chronic disease medications, so that RNs and RANs in very remote areas would not face daily legal dilemmas associated with the provision of basic primary health care. These changes are still pending.

With a bee in her bonnet about the lack of understanding of the remote context evident in legislation and knowing from experience that some states have more supportive models, Katie started a legislative comparison.

What she found will be either explicitly or implicitly felt, if not known by many of you:

If you took two identical twins, with identical education, training and experience as RNs, placed them in very remote workplaces, identical in every regard except for their State/Territory of location, they would not be able to practice in identical ways with regards to medications.

Thinking that in a time of jointly increasing health workforce shortages and mobility this was illogical, Katie decided to embark on a Masters Research study to investigate further. This led to her research project RNs in very remote Australia, medicines and the law which will begin in March 2018 with an online questionnaire open to all RNs and RANs across Australia who currently work, or have within the previous two years worked in very remote areas.

The study will explore the impacts medicines and poisons legislation has on the ability of RNs and RANs to provide medication management in very remote Australia and look at the laws, organisational practices and education that best enable RNs and RANs to deliver safe, effective healthcare.

The results of her study will be used to inform advocacy on legislative reform regarding nursing scopes of practice, non-medical prescribing arrangements and medicines and poisons legislation. Such reforms will help RNs in very remote Australia to legally perform aspects of medication management required in these settings.

Please think about participating in the research and look out for links to Katie's questionnaire in the CRANaplus weekly online newsletter, CRANaplus website and other online haunts frequented by RNs with a passion for rural and remote health.

You can also e-mail Katie directly to be sent either an anonymous link to the Questionnaire or a printable copy with reply paid postage kpenning@our.ecu.edu.au ●



Katie Pennington lives in Newman in the East Pilbara with her husband and two daughters. She is a Registered Nurse currently working in a CQI role with Puntukurnu Aboriginal Medical Service.

Her experience in rural, remote and isolated health spans 18 years, from remote Australian and isolated overseas deployments during her time as a medic in the Australian Army, to rural hospitals in beautiful Tasmania and in more recent years working with a number of Government and Community Controlled organisations in the SA and WA central desert regions of Australia. She has also worked with the Wardliparingga Aboriginal Research Unit at SAHMRI and with IHMS in their immigration health services.

Katie holds a Bachelor of Nursing from the University of Tasmania, a Graduate Diploma in Remote Health Practice and a Graduate Certificate in Child and Family Health Nursing from Flinders University. She is currently undertaking her Masters in Public Health (Research) through Edith Cowan University. ●

nurse-led telehealth community aged care

By Alison Devitt

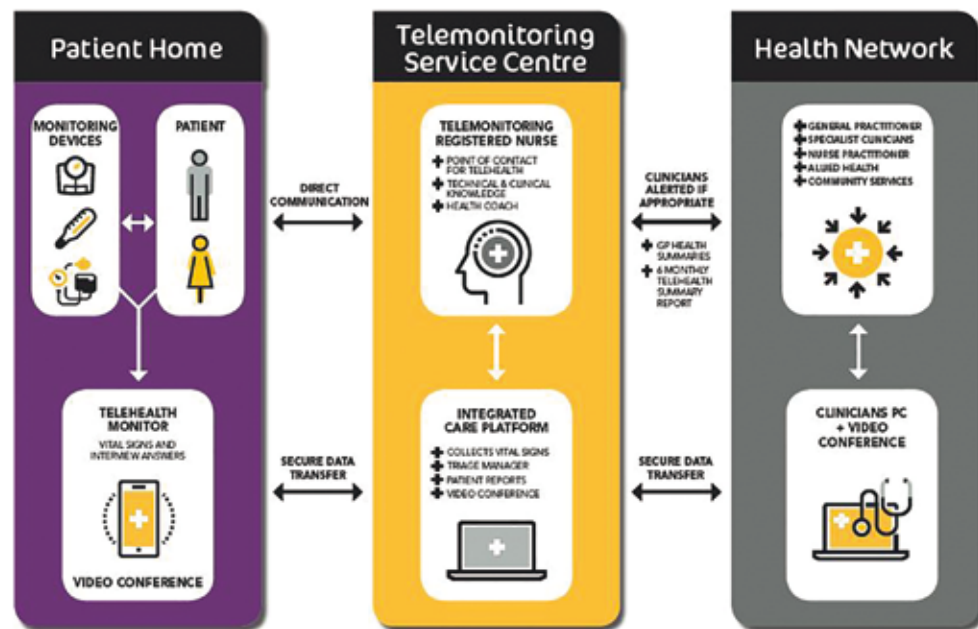
At a time when our health system is being challenged to improve the treatment and management of older people living with chronic and complex health issues, nurse-led telemonitoring is emerging as an approach that improves patient outcomes (Celler et al. 2016; Lorentz 2008).

Telemonitoring is a relatively new and developing role for nurses in Australia. It involves using easy-to-use technology installed in patients' homes, which enables remote monitoring of vital signs and access to timely health coaching. Since 2015 I have been employed by LiveBetter (a rural community aged-care provider) as a 'telehealth nurse' to undertake several telemonitoring projects.

Working in partnership with universities, we have learned much from evaluating these projects. Our findings support the growing body of evidence demonstrating that telemonitoring helps older people to actively manage their own health, prevents unplanned hospital presentations and improves quality of life (Burmeister et al. 2016; Celler et al. 2016).

These benefits are highlighted in the telemonitoring story of one of my patients, Ron.

Prior to partaking in the trial, he was plagued by anxiety due to relatively low levels of awareness about managing his multiple chronic conditions. After six months of taking his Telemonitoring readings, he showed significant improvement in health literacy and self-management with a subsequent reduction in anxiety, reduced social isolation and fewer hospital presentations.



Most importantly for Ron was the impact on his quality of life. For the first time in many years he had the confidence to travel interstate to visit his son, knowing that he could manage his health effectively while he was away.

Similar findings have been consistent across the patient cohort, demonstrating the multiple benefits of telemonitoring for community aged care (Burmeister et al. 2016).

So where to next?

Innovation in telemonitoring and wearable technology is surging ahead, primarily led by private businesses. However its use by the healthcare system is being hindered by policy and funding which has not yet caught up to models of chronic disease management that embrace technology.

For example, Medicare Benefits Schedule (MBS) items specific for the needs of telemonitoring services are required.

Nursing, as the largest group of health professionals, are well placed to advocate for these changes. May Ron's story challenge us

to pave the way to an improved quality of life and better healthcare experience for our older community residents.

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- Alison Devitt is Telehealth RN LiveBetter and Lecturer in the School of Nursing, Midwifery & Indigenous Health at Charles Sturt University in NSW
- This article first appeared in the ANMJ Feb 2018. ●

making a difference

Isolation was the biggest fear for Registered Nurse Darien Payne when he went to work in a remote community. He's happy to report, he's never once felt lonely.

My career began in Royal Darwin Hospital Emergency Department where I started to think about what I could do to help reduce the high level of presentations of Aboriginal people in the hospital system. That led to a keen desire to explore opportunities in remote communities.

But the decision to work as a Remote Area Nurse with Ngaanyatjarra Health Service at Warakurna community in the Goldfields-Esperance Region of Western Australia was one I did not make lightly. I was 25 years old when I moved to the community and my biggest fear was the isolation. I had no idea what to expect. However, the best part about the decision I made to work remotely is that I have not once felt lonely.

The staff of the Ngaanyatjarra Health Service (NHS) and more importantly, the community members of Warakurna have accepted me wholeheartedly and I feel a true sense of community, connection and belonging out here. Furthermore the flexibility, entitlements, education opportunities and career pathways that come with my new role allow me to fly in and out of the community to visit friends and family.

The experiences I have had out here are ones that I will never forget and I cherish and acknowledge that I would have never had these experiences if I did not choose to work remotely. The work is rewarding and challenging, balanced with days off spent searching for honey ants with the locals, or exploring nearby swimming holes and being privy to the world's best sunsets – there is something truly special and unique about being a part of this community.



In addition to the flexibility, the NHS has supported me in my continuous professional development such as providing opportunities to undertake the CRANaplus courses REC, MEC, IMMS, PEC, Pharmacotherapy and other clinical courses to gain the knowledge and skills I need to perform in my role as a Remote Area Nurse.

Working for the NHS offers me a clinical environment which allows me to use my clinical skills and expertise and to grow as an advanced practice nurse. On a daily basis my role can vary

from consulting to emergency care. This diverse clinical environment affords me the opportunity to consolidate and improve my clinical skills whilst working within a multidisciplinary team.

As a remote area nurse I have the privilege of working with the Aboriginal community. More importantly, I am helping to make a difference in Warakurna, by providing a high level of health care to address the inequalities and disparities that exist for the Aboriginal people across the Ngaanyatjarra Lands. ●

witnessing resilience

For Remote Area Nurse Rory McGrath-Swann, who has worked in rural and remote communities in WA and Central Australia, it has been 'profoundly humbling' to have his assumptions and presumptions about Indigenous people overturned.

Completing my Graduate program at Alice Springs Hospital, I was well placed to find my feet as a nurse with interests in Aboriginal language, culture and health. In Kununurra in Western Australia, I worked for the local Aboriginal Medical Service, my first experience of working more closely with clients on a regular basis. I then moved back to Central Australia working in the remote clinics of Nyirripi and Yuendumu and it is this work that I have found to be the most fulfilling, both professionally and personally.

I have had the opportunity to not only live and work in two beautiful communities but to also learn and grow personally in the process.

I have had the opportunity to not only live and work in two beautiful communities but to also learn and grow personally in the process. It has been the relationships and, more importantly, the friendships developed with local people and their families that has been so deeply satisfying.

I have been amazed at the differences in thinking that so often confuse us 'outsiders', and I'm struck by the beauty of listening to Indigenous languages in daily use. It has been profoundly humbling to have so many areas of assumed or presumed knowledge and ideas about Indigenous people either amended or completely overturned. It is this process of learning that has allowed me to talk with

and begin to understand and empathise with Indigenous clients facing the challenges of living remotely in modern Australia.

This learning and understanding has also opened up many questions and challenging thoughts for me. After a lot of time spent out bush either talking with others or alone with my own thoughts, I am often left with mixed feelings of sadness, anger and cynicism at the hardship and injustice experienced by Indigenous Australia.

Fortunately, I have also been a witness to the resilience and integrity of so many Indigenous people and of their community as a whole, to many happy scenes from daily life, to the beautiful family connections, and to the humour and grace with which they face the world. I have also been privileged to work alongside many wonderful colleagues and grateful for the opportunities to benefit from their experience and commitment. ●



healing follows tragedy

Registered Nurse Sandy Swan and her husband Dave had plans for a working holiday around Australia. All was going to plan. Sandy enrolled at the Centre of Remote Health in Alice Springs in 2005 to gain some experience in remote nursing and completed a six-week relief job in Warburton, part of the Ngaanytjarra Lands, on her way home to Margaret River. In 2006 she was offered a two-year position at Warburton.

"So Dave and I made this the first part of our big trip," says Sandy. "I worked at the clinic as a RAN and Dave picked up work installing irrigation and helping build Aboriginal housing.

"We had only been in Warburton for three months when Dave died suddenly from a heart attack.

"My life was thrown into turmoil. But I felt I hadn't finished my time in Warburton.

"My eldest daughter Jaimee gave up her job and came back to Warburton with me and worked in the clinic in reception. My youngest daughter Ashleigh deferred her nursing studies and followed soon after and worked in the community store. It was a wonderful healing for us. The support from Dr Susan, Mary, Katherine, Marg, Melissa, Martin and many more was special. The community was wonderful.



"We had many adventures with the local residents and at times, had to make our own fun. We collected honey ants and showed some young girls how to toast marshmallows on the fire. I went goanna hunting. Another memorable trip was to the local bat caves where we did 'Priscilla in the Desert'.

"As I look back on my memories, it was the most amazing experience and I have made life-long friends." ●

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that darned dog

Registered Nurse Josh Stafford knew that if he started feeding that puppy born under the community clinic at Lockhart River that he would have him for life. He was right.

I took on the task of domesticating Dobby – so named because of his huge ears and his lack of a master. It was a process that some would say is on-going.

Those same people might also say Dobby has a small heart and no brain. This lack of a brain

was certainly the reason he thought he could bite the bumper off a Troopie. All the bones in his back leg were crushed. He stayed in the clinic for most of the day, and when the time came to load him on the plane for the two-hour journey to Cairns, I was comforted by airport workers who thought it hilarious that this white man would have a tear in his eye over a dog.

The decision to have his leg amputated was made easy by the vet. Getting used to the locals calling him 'Dobby the Cripple' was a little harder.



Dobby didn't make it easier on himself by periodically forgetting he had no back leg and falling base over apex at the most inconvenient times – usually while chasing birds at the beach in full site of everyone fishing.

Three years post-amputation and Dobby's doing fine – he can climb stairs and run with the other dogs at the beach, just as fast.

About a month ago I noticed that he was limping on his back leg. I tried aspirin, making him lose weight, all with no success. When I found a service online that offered telehealth with a vet in the NT, I thought I'd give it a go. The service was amazing. She did a thorough assessment via video and recommended a course of injections that have really brought his mojo back.

Living in a remote and isolated area, pets can play a central role in preserving our mental health. They get us out of the house, take us to places we may never see and they provide company.

As health care professionals, sometimes we think we can transfer our knowledge of humans onto animals – sometimes this isn't the case. I would highly recommend using the i-vet.com.au service for those times you're unsure of what to do. ●



transfer of skills



CRANaplus Board Member and Registered Nurse Lyn Byers strongly encourages long-term remote practitioners to consider a spell of city work to share their skills and expertise.

Last year, I was fortunate to do some work for an urban Aboriginal Medical

Service in the heart of Adelaide – Nunkawarrin Yunti, working with the chronic conditions team. Having worked in very remote Aboriginal communities for the past 17 years, it wasn't without trepidation that I undertook this role.

Working in a new setting and role has its challenges. For a short time. I worried about

my scope of practice and ensuring I worked within the employers' requirements. I had to learn how to navigate public transport – I missed the train once getting to work and caught the wrong one several times going home!

It also has opportunities. I was welcomed and supported in the workplace, with so much positivity about me being there and my ability to contribute to the team; I learnt a new electronic data system; and saw a different population group to those I see in the remote setting.

Based in the heart of Adelaide, the biggest difference I noticed in the patients I saw was the age range. It was so heartening to see Aboriginal people in their 70s and 80s managing complicated health conditions while actively participating in community life. A highlight was the 83-year-old woman with multiple health challenges whose biggest worry was her sore

knee – she couldn't go to her line dancing until it was better. I rang another lady, well into her 70s, to offer her an appointment and she said "that sounds good dear – can you send me an email about it?" There was the lady in her late 50s who was recovering from a serious cardiac event. She came to her appointment with two teenage granddaughters who were so caring toward her. Between them they described the immense lifestyle changes they had implemented as a family so gran would stay well. They wanted to know if I could suggest an exercise program that other older Aboriginal woman participated in that she could join.

In the remote setting we often become overwhelmed with the many challenges we face. We develop a wide range of skills and knowledge in response to the population needs. We live in places that are environmentally and

socially challenging. Sometimes it is difficult to see the way forward or if we are indeed making any difference. I found the experience of working with Aboriginal people in a city centre invigorating and encouraging.

Yes, there were sad moments. Some of the younger people with chronic diseases weren't seeing me – they were working with the mental health or social and emotional well-being or addiction teams and weren't ready to consider managing their chronic diseases. Transport is a problem for many of the patients - Nunkawarrin Yunti helps with this, doing a great job, but not all potential patients can access the service. The teams across the service are stretched and Nunkawarrin Yunti works hard with little, to deliver a lot, and the service has an on-going need for staff of all disciplines. I thoroughly enjoyed working with the Aboriginal Health Practitioners and the nurses and doctors I met. Surprise, surprise, many of the nurses had previously worked in remote Australia before gravitating to the city.

I met one who had been on the Editorial Committee for the early editions of the CARPA standard treatment manual, and found copies of the CARPA standard treatment manuals, the women's business manual and the clinical procedures manual in all the clinic rooms. Clinicians of all disciplines were consulting them as a reference and framework to ensure they were delivering best practice, evidence-based care.

I found the skills I had practised in the very remote setting translated to this busy urban practice and I would strongly encourage other remote practitioners to consider transferring between settings. Remote Area Nurses and other health practitioners have such diverse and unique skills and expertise; they are an invaluable resource to services well beyond the remote setting. ●



three weeks turns into three years!

Victorian dentist Ken Farmer went to Alice Springs on a three-week placement and three years later he's still there.

The 34-year-old has embraced the community, played local football and says he has seen things that most Australians will never see.

Ken was sent to Central Australia after registering with the Remote Area Health Corps (RAHC), which offers short-term paid placements to urban-based health professionals to support the permanent health workforce in remote Indigenous communities across the Northern Territory.

He had spent some of his childhood in New Guinea and his father worked in developing countries. Ken followed these footsteps and worked on an aid project in East Timor.

"I sort of figured I didn't know enough about my own back yard as I would like, and went up to Darwin for a bit of a change," he said.

"I worked in private practice for a year, got fed up with that, heard about RAHC and thought this sounds good."

After completing his placement, Ken went to work for the Northern Territory Department of Health and began recruiting through RAHC himself.

"It's hard to convince people to come up and work in the Territory, especially people with good experience, energy, and a sense of humour and adventure," he said.

"I love this place so much. I've never been one to wear suits and ties. I have to wear shoes to work but I go barefoot around the streets and no-one cares or looks at you.

"There's no rushing, it's free of the rat race.

"You've only got to go 20 km in any direction and you're in the wilderness. There are beautiful waterholes and great 4WD opportunities."

Ken said the dental work was diverse and challenging.

"Some of the health outcomes we come across are as bad as you see anywhere else in the world," he said.

"I love this place so much. I've never been one to wear suits and ties. I have to wear shoes to work but I go barefoot around the streets and no-one cares or looks at you..."

"Most Australians have no idea what's going on in this country.

"It's definitely enlightening. It gives perspective on things you might be complaining about and problems in your own life.

"We can design the best dental programs that we want, but we're losing the battle to the global soft drink giants every day of the week.

"Things are slowly improving with what's happening in shops and schools in communities. If we can change the diet we've got a better chance of saving ourselves thousands of fillings and extractions.

"Prevention is always better than treatment.

"Smoking is a problem too and we see a lot of gum disease as a result."

Ken believes the loss of traditional culture has contributed to poor oral hygiene.

"I've come across a couple of old guys who had their first dental visit in their 60s and they've got perfect teeth and they've never brushed them in their lives," he said.



"These are the guys who still live off bush tucker and kangaroo, still hunt and know the old ways.

"We can give out as many toothbrushes as we want, but in my opinion unless you change what you're eating it won't make any difference."

Ken said the work was more satisfying than private practice.

"I get to see trauma and cancer cases, medical cases. There are no resident specialists in Central Australia or Arnhem Land.

"If you're back in private practice you tend to be doing a lot of teeth whitening, check-ups and cleans; we get to do health care still, which is why I did dentistry, not to sell whitening products as a businessman.

"We can give out as many toothbrushes as we want, but in my opinion unless you change what you're eating it won't make any difference."

"It's a lot more interesting to be involved with health care, and makes it easier to get up and go to work in the morning."

Ken said there's plenty of work for people who want to make a difference. He said RAHC relieved the pressure on permanent dentists in Alice Springs and helped build relationships in remote communities. ►►



► “RAHC is really fantastic, it increases the options and resources for the NT Department of Health,” he said.

“There are some excellent dental nurses and therapists as well, who have been doing it for a long time. They’re incredibly gifted and passionate about what they do.

“If someone is semi-retired they can do several stints in a year. It’s great if they go back to the same community and build relationships.”

Ken said potential recruits needed to be prepared for difficulties, harsh conditions and administrative tasks.

“People have got to be flexible because things do go wrong,” he said.

“You need to have a good sense of humour and be a people person, have a passion for adventure and a commitment to doing health care and helping people.

“We’re not out there to make money or brag about the work we do.

“People have to be aware they won’t be staying in a five-star resort in a remote Aboriginal community. There might be the odd spider or bug around.

“You’ll have a mattress to sleep on and usually there’s an air-con, but there are no coffee shops.”

Ken said the rewards included meeting some wonderful people and seeing special places.

“Sometimes the community might allow access to a beautiful site that tourists don’t normally get to see,” he said.

“I’ve seen some amazing places.

“Working in a remote community is a chance to provide necessary health care and experience things you would never get to do anywhere else.” ●



The 2018 CRANAplus Awards celebrating excellence in remote health

Nominations are now open!

Join us in celebrating the contributions and achievements of colleagues who have made an outstanding contribution to remote and isolated health.

Nominate someone!

Please take the time to nominate a friend, colleague, or employer who deserves to be celebrated! Consider nominating an individual or organisation whose accomplishments have yet to be publicly acknowledged.

The prestigious Aurora Award was initiated by CRANAplus to recognise an individual who has made an outstanding contribution to remote health. The nominees provide inspiration, leadership and energy to make things happen.

The CRANAplus Awards recognise remote health professionals who have made a significant contribution to improving health outcomes or have made a special contribution to their profession. There are five categories from which to nominate:

- Excellence in Education/or Research in Remote Health
- Excellence in Remote Health Practice Award
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Suzanne - On her placement in Coober Pedy



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eye-opener

Julian Tydd, a 4th year Speech Pathology student at Southern Cross University, Gold Coast campus, says his placement at the Walgett Aboriginal Medical Service (WAMS) in northern NSW has solidified his decision to work in rural and remote health.

I really enjoyed my experience in Walgett and I feel the skills I gained will make me a lot more competent as a clinician. First, the placement involved working with children and adults across a range of different settings: residents at the aged care facilities; adults in the community; children at the playgroup, preschools and primary schools; and students at the high school. Secondly, my supervisor wasn't with me at all times, so supervision involved a lot of correspondence via Skype and phone calls. Thirdly, the nature of this placement was interdisciplinary i.e. working with occupational therapy and nursing students. I feel as though the skills that I learned from the other students will definitely help me when I'm a qualified speech pathologist, especially if I am working in a rural and remote setting.

There were also quite a few non-discipline activities I took part in. These included participating in the white ribbon march, attending the elders' group and attending the men's health group at the community garden. I feel this involvement is good in regards to building trust and relationships with the community.

Accommodation was provided by the university department of rural health at a discounted rate and I shared a house with the other students. This was nice as Walgett is very isolated and a very big change from the Gold Coast. I don't think I would have had as much fun if I were living by myself. On the weekends, we often went exploring. We went out to Lightning Ridge a couple of times. We went to the artesian bore baths and went fossicking for opals.



We also learned about the history and the culture of the area. I also went quad-bike riding with some of the locals. This was probably the highlight!

I did have a lot of work to do on the weekends. However, breaking it up by going out and doing other things was really helpful and I'm glad I did it.

It was really refreshing being in a small town, and most people were really lovely. When I walked down the main street, I always ended up having a chat with someone.

Currently, the town only has one speech pathologist who visits two days a fortnight. There is a great need for more speech pathology services in Walgett and I really hope they get more soon.

If given the opportunity, I would recommend other students to complete a rural placement. It really opened my eyes and allowed me to see things in a different way. Thanks CRANApus for my scholarship. ●

simply fascinating



Second year Nursing student at University of New England (UNE) Cassandra Starr saw her clinical placement in Alice Springs as a chance to challenge herself professionally and personally.

I was so excited by the Alice Springs placement opportunity to increase my knowledge and nursing skills. I have an interest in Indigenous health and, in the future, would love to be involved in initiatives to close the gap and increase the life expectancies of our indigenous populations. My hope is one day to see Indigenous life expectancy on a par with the non-Indigenous population.

During my placement in Alice Springs I worked in Surgical Ward, caring for patients pre and post operatively, where I broadened my skill set a great deal.

I was involved in the care of patients with fistula formations, vac dressings, debridement and amputation; I was able to administer medications via various routes; and I learned so much about Indigenous people and their culture. It was simply fascinating.

I developed rapport and heard their stories, some of which warmed my heart, others that broke it. I was immersed in the culture and I loved it.

I am so grateful to have been able to see part of the Northern Territory, increase my knowledge of the nursing field whilst also increasing my cultural competence. Thank you CRANaplus for the scholarship which made this possible. ●



Photo: Di Holley.

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Photo: Courtesy of NRSHN.

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more than expected

Amie Usher, a third year nursing student at the University of Southern Queensland in Geraldton has completed a four-week clinical placement block in Carnarvon in WA – and is now planning to work in a remote area when she graduates.

The experience and the knowledge I gained from my time with the Mental Health Team at the Midwest Community Mental Health Services in Carnarvon was more than I could have expected.

I was educated in the process of triage and diagnosis then the management of each individual case and I was able to assist the Clinical Nurse Specialists to assess their clients to further develop my skills.

I truly enjoy travelling to remote areas and experiencing the different challenges and strengths their communities and services offer.

I also had the opportunity to travel out to client's homes, sitting down with them to discuss their care and help educate them on services they could use to better assist them with their needs and also ensure they are receiving the required care from the Mental Health Services.

The clients explained their diagnoses and also talked about their lives, their family units and who they have as support. I was able to talk to many different people from many different backgrounds, living many different ways and seeing how the services could assist them to continue to live their lives how they wish and to fulfil their goals.

In addition, I had the opportunity to observe three state tribunals via teleconference and their process to assess the care and management for clients under Community Treatment Orders: the clients came into the service in Carnarvon, the tribunal board members were in Perth and the treating psychiatrist was based in Geraldton. The discussion became difficult at times due to the delay of the microphones and technology, though in the end the process was successful.

Teleconferencing is a solution for the fact that, being in a remote area, Carnarvon doesn't have a resident psychiatrist. The team of Mental Health Nurses speaks once a week to a psychiatrist based in Geraldton, with a visiting psychiatrist coming to town once a month.



Photo: Ben Teo Photography.

I attended two functions where all relevant services in the town came together to discuss what they provided and how they could all work together. The aim is to use the services to their full potential and for the individual services to assist each other to provide the best for the community. The attendees discussed upcoming community events and how their services will be involved to educate the community on who they are, what services they provide and how they can help.

I completed my NUR3599 Nursing Care in Context during my time in Carnarvon and I am proud to say that I now have a Certificate in Aboriginal and Torres Strait Islander Mental Health First Aid after participating in an amazing two-day course. I am now able to assist an adult who is developing a mental health problem or in a mental health crisis.

Throughout my time in Carnarvon, I stayed at the Old Post Office Accommodation and walked to and from the health campus every day. The facilities were remarkable and the hospitality of the landlord was lovely: Dean made me feel very comfortable and welcomed and, although I was away from home, I was able to relax. The Aboriginal Health Care Worker showed me around the town and out to Carnarvon banana and mango Plantation, and was also very knowledgeable about the land and the people in the Carnarvon area.

I truly enjoy travelling to remote areas and experiencing the different challenges and strengths their communities and services offer. I want to work remote when I graduate to continue to develop my skills and knowledge in this area.

Many thanks to CRANaplus for the Scholarship. ●

a week without internet

Hannah Treston, 5th Year Bachelor of Dental Surgery student from James Cook University (JCU), says her four-month placement in Alice Springs last year has truly prepared her for the workforce.

Flying into a brisk 12-degree day in mid-July, my naïve preconception of Alice Springs was quickly dispelled with the realisation of great infrastructure and multiple resources. The dental clinic I had envisaged proved quite the opposite: Flynn Drive Dental Clinic has up-to-date technology for the welcoming and passionate staff.

As a final year dental student, I set myself one goal from 2017: to grow into a well-rounded graduate. My placement in Alice Springs did that.

Growing up in Cairns, I had often witnessed the injustice experienced by many Indigenous Australians. Through an extremely informative workshop at the Centre of Remote Health (CRH) in Alice Springs, I was presented with reasons behind such injustices: including historical trauma, social determinants of health and a lack of resources in remote communities. What became obvious from the CRH workshop and more specifically from my week in the NT's Finke community, is that many from the East Coast (once including myself) are quick to comment on solutions for the inequalities. However, until you travel the distances, experience the lack of resources, and appreciate the cultural competence of each individual community, one really cannot 'comment on solutions'.

My placement week in Finke also proved incredibly good fun, despite it being my first week without Internet ever. The small community brought its fair share of difficult extractions, but great educational progress could be seen when I asked a young patient, "Do you brush your teeth in the morning?". The patient replied with "Yes, we have to brush our teeth every morning at school". Paediatric patients previously treated in

the Alice Springs Hospital were reviewed in Finke with many proud to show off their clean 'silver caps' (stainless steel crowns).

As well as community 'bush weeks', three of my fellow classmates and myself participated in weekly trips to the Alice Springs Correctional Centre. Under the guidance of our supervisors, each week brought new challenges with some severe post-trauma injuries as well as many inmates wanting to improve their appearance as part of their rehabilitation process.

...until you travel the distances, experience the lack of resources, and appreciate the cultural competence of each individual community, one really cannot 'comment on solutions'.

However my favourite aspect of my Alice Springs placement was the exposure to day surgery at the Alice Springs Hospital. Unlike my previous placements, significant priority was (and continues to be) placed on treating appropriate paediatric and special needs patients under general anaesthetic (GA). In this setting, treatment can be completed which otherwise would be nearly impossible in the dental chair. Patients, parents and operators leave GA in high spirits as it is far less traumatic than completing, for example, an extraction on a highly anxious child. JCU Dentistry graduates leave this placement site with a thorough understanding of the concept that there's 'more than one way to skin a cat'. Treatment offered in rural and remote settings focuses purely on the patient at hand.

I would urge any future students to try rural and remote; you too may reach your goal for the year. ●



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

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



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. www.amrric.org Ph: 08 8948 1768



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



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



The **Australasian Foundation for Plastic Surgery** (the Foundation) is a not-for-profit organisation that supports quality health outcomes for those involved with Plastic Surgery, with a particular focus on rural and remote communities. The Foundation's activities are focused on Innovation, Education and Research to support its Outreach programs. One of the Foundation's cornerstone Outreach programs is to relieve the needs of persons suffering from burns, wounds, trauma, disfigurement, sickness, disease or other medical conditions. This is done by harnessing the philanthropic nature of Specialist Plastic Surgeons to deliver medical care in remote communities. The Foundation also educates workers in remote communities to identify and/or appropriately triage persons in need of specialist medical assistance. Email: info@plasticsurgeryfoundation.org.au PH: 02 9437 9200 <http://www.plasticsurgeryfoundation.org.au/>



Belmore Nurses Bureau specialises in placing all categories of nurses and care staff in a range of acute care, aged care, corporate health, primary health care and mental health settings facilities throughout Australia. Ph: 1300 884 686 Email: ruralnursing@belmorenurses.com.au <http://belmorenurses.com.au>



Benalla Health is located in the rural town of Benalla 200 km northeast of Melbourne with a population of 14,000 people. Staff are highly skilled health professionals who have a real connection with their community with a commitment to providing person-centred care. Email: info@benallahealth.org.au Ph: 03 5761 4222 <http://www.benallahealth.org.au/>



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



The **Central Australia Health Service** encompasses Alice Springs Hospital, Tennant Creek Hospital, Primary Health Care, Mental Health and Alcohol and Other Drugs services. The Central Australia region covers 64.7% (872,861 km²) of the total Northern Territory geographical area and includes Alice Springs, Tennant Creek and many other communities. PH: (08) 8951 5294 <https://health.nt.gov.au/health-governance/central-australia-health-service/about-us>



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



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



Government of Western Australia
WA Country Health Service

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



Government of Western Australia
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WA Country Health Services – Pilbara Region is committed to providing accessible health services to the regional population, and a quality health care workforce. WACHS has a strong network of public hospitals, health services and nursing posts located across rural and remote Western Australia. Our core business is the provision of quality, accessible health services to people from large regional centres to those in small remote communities.
Ph: 1300 553 680
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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.



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



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



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



The **National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)** 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



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.



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.



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



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. Email: otwayhealth@swarh.vic.gov.au Ph: (03) 5237 8500 <http://www.otwayhealth.org.au/>



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



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



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



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



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support

reading and mental health

The Psychologists on the Bush Support Services team keep their ears open for information provided by our callers in regard to down- time activities that are useful coping strategies in the remote context. One activity that is frequently mentioned is reading. Interestingly, reading in general is increasingly being shown in the psychological literature as an excellent way of building resilience.

Moreover, there is evidence slowly appearing that reading specific types of literature is also a useful intervention for some individuals experiencing, stress, depression or grief.

The research on reading and positive mental health comes from both Positive Psychology and neurobiological evidence. For those of us who love reading, it is clearly a mindful activity. It focusses the mind in the present on the written words. As well, it certainly allows you to 'switch off' critical thinking and get lost in the flow.

The mental health benefits of Mindfulness in general are therefore part and parcel of why reading is such a useful way of de-stressing.

Reading for pleasure impacts on important indicators of stress. For example, it has been shown to reduce heart rate significantly. Regular reading also appears to influence neural activity. It has been shown to be useful in reducing the risk of Alzheimer's disease. Reading forces the reader to pay attention, notice and remember little details, use imagination and to follow an argument. It is an excellent way of keeping the little grey cells firing! As a result of reading, cognitive skills such as memory, problem solving and critical decision making are augmented.

All of these have a positive impact on both private and work life and enhance self-esteem.

Reading has some other fascinating psychological effects which are starting to emerge in the literature.

One of the most interesting findings is that reading can enhance a sense of compassion and empathy. This seems to be a product of becoming engrossed with the characters in the storyline and learning how others see the world. As well, reading a variety of genres introduces the reader to a range of emotions that may not necessarily be directly experienced.



Reading also provides a therapeutic benefit. Reading introduces you to characters with whom you can identify. Their issues and conflicts can be similar or the same as your own and seeing how they tackle challenges in their lives can have an extremely positive impact on how individuals cope. ►►



►► Another benefit of reading concerns sleep hygiene. Reading hard copy, as opposed to a Kindle or other e-reader with a bright light, before going to sleep helps you to wind down and destress from the day.

Research also indicates that if falling asleep is an issue, reading a very boring book helps your brain choose to sleep rather than be bored.

Clearly the emerging evidence is suggesting that reading is not just a leisure pastime but a useful coping strategy. It is portable, cheap and provides an excellent opportunity to build relationships by connecting through discussion.

Given the popularity of reading amongst the remote health workforce, it would be fascinating to learn more about how it has supported you. Do you read? What do you like reading? Has there been a particular book or piece of prose that has helped you through a difficult time working remote? It would be so useful to share this information with your colleagues in the next CRANaplus Magazine.

Please email your stories to:
annmaree@crana.org.au

Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●



adapting to a new culture

Everyone experiences culture shock when in a new and unfamiliar environment. Looking back on the experience, many say it was a source of insight and personal growth.

Adjusting to a new culture is not always easy. When we travel, we bring with us a number of biases, expectations and habits which have been assumed over a lifetime. This is normal. And when we travel to a place which has a new culture, a whole different way of doing things, there can be a sense of being in unfamiliar and uncomfortable territory on a number of different levels.

One of the constants of human behaviour is that we tend to resist change. Most of us resist it, because we are jolted out of our comfort zone and feel more secure in our usual environment. Since change is an inevitable reality of life, we need to respond in a healthy and appropriate way.

It can be difficult to choose the best strategies to use when confronted with the turmoil of a hectic pace of change, and hard to slow things down enough to work through a forward path.

In a recent article in this journal I wrote:

I love to travel, especially to new places. And when I find myself in a new place, it is the fresh experiences which grab my attention, which appeals because it is different and novel. Seeing new places, tasting new foods and meeting new people is all part of the appeal. But there is often a small, very small, feeling of anxiety about the new, about the unknown. And I also find that after a time, I start to yearn for the familiar, the predictable – for home, I suppose. And when I return home, I return with a new set of attitudes, with a fresh perspective; I do not go home unchanged.

At the time I wrote the article I was identifying with the sense of dislocation from the known and familiar which can come from being out of my comfort zone. It is important to acknowledge these feelings.

Coping with change which is too far removed from our own culture can be especially challenging.

Just as we bring clothes and other personal items with us into a new community, we will also be carrying invisible cultural baggage. That baggage is not as obvious or tangible as our physical luggage, but it will play a major role in the adaptation to the new environment.

Adjusting to a new culture is not always easy. When we travel, we bring with us a number of biases, expectations and habits which have been assumed over a lifetime.

Cultural baggage contains the values that are important to us and the patterns of behaviour that are customary in our home culture. The more we know about our personal values and how they are derived from our home culture, the better prepared we will be to see and understand the cultural differences to be encountered in the new community.

When living in a remote community and exposed to a different way of life we can often naturally feel out of our comfort zone to some extent, and this dislocation can emerge suddenly with little warning.

However, culture shock may not be quite as shocking or as sudden as most people expect. It is part of the process of learning a new culture that is called 'cultural adaptation'. ►►

►► You may experience some discomfort before you are able to function well in a new setting. This discomfort is a natural stage in the adaptation or adjustment process.

The adjustment process

When arriving in a remote community for the first time there can be a mixture of emotions. There is generally a sense of excitement with the new adventure and the anticipation of meeting new people, new tasks and a new landscape.

The placement requires an adjustment to not only a new workplace, and new colleagues but also a new community and culture.

Many Surprises may await you when you arrive. People may walk and talk more quickly (or more slowly), work may be structured differently and the structure and placement of buildings may not look as you expected. Accommodation arrangements, the manner in which patients are received and handled, and other procedures may seem strange. On the homelands several different local languages can be spoken.

Such differences are easy to see and generally are quickly assimilated to some degree.

One of the most important aspects to integrating into a remote community can be quickly identifying if there are any 'no-go' areas which are strictly forbidden for outsiders or to a particular gender. Often women's or men's business is conducted in such areas. Clearly, this limitation must be respected and one of the first questions we must ask on entering a new community is if such boundaries exist.

Some feelings that you may experience in the adjustment phase are:

- Homesickness
- Irritation with minor issues
- Desire to avoid social settings which seem threatening or unpleasant
- Physical complaints and sleep disturbances
- Depression and feelings of helplessness
- Difficulty with concentration
- Loss of your sense of humor
- Boredom or fatigue
- Hostility towards the local culture.

Provided these symptoms are not extreme and are short-lasting, they are part of a normal adjustment and may be expected. However, some people experience none of these reactions.

Acknowledging that it can be unsettling at first and is normal on arrival in remote for the first time, can be a first step in the adjustment phase. Orientation programs do of course address this aspect of remote area adjustment and help us to prepare for arrival.

When arriving in a remote community for the first time there can be a mixture of emotions.

It should be noted that re-location to a new community can be disconcerting even for experienced remote area practitioners. This is especially so if there are many differences in 'the way things have been done' at previous placements.

A nurse once observed to me that it is not only the practitioners who are new to remote who may find adjustment taxing. She described arriving at a remote bush placement in the Northern Territory after years of placements in Western Australia and how confronting she found it to settle into the new environment. Expecting similarities to her past placements, she was disconcerted to find significant differences in her new location. She found a number of work practices were different and this took time to accept.

Culture shock generally does not happen all at once. It usually builds up gradually. It is normal to have some ups and downs during the period of transition to a new culture.

Everyone experiences culture shock. Looking back on the experience, many say it was a source of insight and personal growth, as a consequence of new personal growth and learnings.

However, it is undeniable there can be a toll on our physical and mental resilience when our ability to adjust is exceeded by the stress involved. Adapting to a new culture takes effort and courage as it involves making personal changes. And we all know how hard that can be!

Coping strategies

Psychological coping mechanisms are commonly termed coping strategies or coping skills. That is, they are strategies which reduce stress. And they are referred to as skills because they can be learnt, either from others or from direct experience.

Each of us cope in different ways, as a consequence of our personality, our lifetime experiences and our previous learnings.

Some years ago, I was talking to a group of nurses at a professional workshop, and I asked what the attendees collectively and individually felt were the best ways to cope when going remote for the first time, or to a new location. The most commonly identified strategies they listed are summarised as (in no particular order):

- Having an away from work hobby such as fishing, photography or bushwalking
- Taking time away from the community on a regular basis.
- Exercise such as walking (as long as you can avoid the community dogs!)
- Keeping in touch with contacts from friends or family elsewhere. Maintaining relationships with people in your home community can help you to feel grounded.
- Meditation and practice of mindfulness to focus and stay balanced and grounded. Having a good relaxation or meditation exercise assists to deflect stress or to dissipate its effects.
- Identifying what seems to work for others and what works for you.
- Identifying local resources which can offer helpful and useful advice. This includes the observations of Aboriginal health workers and local community members who are a valuable reference at times of doubt. ►►



►► Clearly, these strategies can be seen to ensure there is adequate lifestyle balance, and to steer a way toward best professional and personal practice.

Those approaches which have been found by others to work most effectively concentrate on maintaining social adhesion with others and ensuring adequate means of refreshment either in the community or away on regular break periods.

Maintaining relationships

Maintain relationships with people in your home community while you are away by keeping in touch. This allows you to keep abreast of events at home as well as to reassure family and friends that they matter to you. Planning to stay in touch does not require a promise to write or telephone on a strict schedule, but it does help to establish a realistic interval between communications. You may be extremely busy getting settled and learning about your new environment, so it is essential that long periods between communications is not misunderstood by your family and friends at home.

The contact with others outside the community helps us to remember there is a wider world out there.

The contact with others outside the community helps us to remember there is a wider world out there.

Developing social networks in the new community also helps, if it is appropriate. In past articles we have touched on the importance of expanding networks outside the confines of your own professional groupings and include others in the local area, such as teachers, police, welfare and youth workers, and administrative staff. Often these groups and individuals form social ties only within their profession which can be isolating and limiting.

Things to remind ourselves

Everyone has experienced stress at some time and has developed strategies for coping. Listed below are ideas from people who have transitioned to successfully living in a new culture and location.

- It's natural to feel down from time to time
- This will pass
- It's not just me feels this way
- It's not the end of the world
- I've been through worse than this
- Things haven't always gone well in other places either, and I coped
- This is a challenge and I should expect to feel overwhelmed from time to time.

Be open to change

Although it can feel unsettling and disconcerting, we do gradually adjust to the new culture, or at least come to a better understanding of it. It is helpful to realise that others' reactions and perceptions toward us, and ours toward them, are not personal but rather may be a clash of cultural value systems.

The more skilled we become in dealing with those times when the value systems come into conflict, the easier the adjustment becomes and the easier it can be to avoid that clash.

Take care of yourself

And finally, remember to look after yourself through this process. While settling into a new environment make sure you are kind to yourself and take good care of yourself. This may not be the ideal time to start a new diet, or start that marathon training you always meant to begin.

Eat healthily. Regularly rest and refresh. Do the things you enjoy. Talk things through with trusted others.

Monitor your reliance on and overuse of alcohol or tobacco products. When we feel stretched we tend to rely more heavily on alcohol or tobacco products if we normally use these substances. There is no harm in a social drink but watch how much is consumed. Moderation in all things is a good motto, especially at such times as this.



Photo: Ken Farmer.

Eat healthily. Regularly rest and refresh. Do the things you enjoy. Talk things through with trusted others.

As a part of this self-care, remember that CRANaplus has a free, confidential counselling phone line which is staffed by registered psychologists. This service supports remote area practitioners and their family by providing a

helpful conversation with someone outside the community.

The Bush Support Line can be accessed by ringing 1800 805391, 24 hours a day, 7 days a week. Staffed by registered and experienced psychologists, the team is a great resource.

Remember, any ongoing difficulties in social and cultural adjustment may lead to feelings of anxiety or depression and if this is happening it is important to seek professional help. The Bush Support Line is able to provide support at such times. ●

mindfulness the art of being 'fully present'

By Therese Forbes
Clinical Psychologist
CRANaplus Bush Support Services

You've probably heard phrases such as being in the present moment or being present – sounds easy – I'm here aren't I? But actually what is meant by this is being totally aware of yourself and your surrounding in each moment and being able to fully observe what is happening within your body and the thoughts you have without judgement.

The advantages of being mindful are immense. Have you ever had that sense, when you are totally engrossed in something creative, fishing, snorkelling, (even work) that you have lost track of time and can experience great peacefulness calm and contentment.

This is mindfulness -whilst you have been totally in the moment with what you have been doing you have not been either thinking about the past or the future or operating on autopilot which lead us to feeling stretched and overloaded.

Too much thinking about the past can lead us to depression and too much thinking about the future- the 'what ifs' can lead to anxiety. (What if this happens... what if that happens...) Being able to be in the present is about calm and your body and mind will thank you!

Mindfulness is a powerful tool which helps us respond more calmly and with self awareness to those things that life throws us. Now I think I can already hear some reactions 'what now' 'I haven't got time for this' but in fact mindfulness can be practised whilst undertaking everyday activities like showering, cleaning your teeth, doing the dishes. Try it, you'll be amazed how it feels to even be mindful for a few minutes.

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

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

So lets start right here right now as you are reading this article. Where are you? Are you by yourself or with others? Hot or Cool? Cloudy or clear skies? How are your thoughts; busy, happy, agitated, tired?

So lets start right here right now as you are reading this article. Where are you? Are you by yourself or with others? Hot or Cool? Cloudy or clear skies? How are your thoughts; busy, happy, agitated, tired?

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

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

Let go of the struggle of having to problem solve everything – just observe it as it you are watching a play.

Look around you, what different hues of colour can you see? What light and shadow can you notice, patterns in your surroundings? Bring your awareness to your own body, notice your breath and the air on your skin and the sounds – slow everything to this exact moment wherever you are.

It may be useful to close your eyes now and focus on your other senses. This moment will be gone

shortly to be followed by new other moments. Plenty of other opportunities to practise!

CRANaplus Bush Support Services want to support and encourage you to become more mindful in order for your life to become more full, rich and meaningful. Please see details in this Magazine of our Mindful photography competition for 2018. No fancy equipment required. The idea is to for you to take the opportunity to be more mindful and capture some of the 'present moments' you experience wherever you are.

We will compile these and have them displayed at the CRANaplus Conference in September in Cairns. And there is a prize!

Yours in the present moment

Therese ●



Announcing the CRANApplus Bush Support Services Mindful Photography Competition

Mindfulness: the art of being 'fully present'

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

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

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

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

The most ordinary and mundane e.g. windblown dried plants can be beautiful if focused in on in a different way.

Photos will be compiled in an electronic display and will be on show at the CRANApplus Conference in Cairns in September. They will be judged by an independent person and the overall winner will be awarded a prize.

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

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



Australian Government
Department of Health and Ageing

To enter email
your photos to:
therese@crana.org.au
by 20 August 2018

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

CRANApplus bush support services remote healthy lifestyle project 2018

By Dr Annmaree Wilson
Senior Clinical Psychologist
CRANApplus Bush Support Services

In the past, thinking about promoting mental health has focussed on identifying 'problems' such as anxiety or depression, and devising specific treatments to alleviate symptoms.

Current psychological thinking, particularly in the area of Positive Psychology, suggests a more holistic and preventative approach. One of the most important areas of research has shown the very positive benefits of healthy lifestyle choices, particularly in terms of diet and exercise, in maintaining psychological resilience.

It is the idea of psychological resilience in the remote health workforce, which is at the core of CRANApplus Bush Support Services 1800 support line. CRANApplus Bush Support Services' psychologists promote a holistic approach. But it is clear, that in some instances, the very nature of the remote health context presents some challenges to 'walking the talk' in regard to healthy lifestyle choices. Environmental factors, such as heat, humidity and dogs can make exercising difficult. There is not always a consistent supply of fresh food coming into communities. The quality and availability fresh water can be compromised in some places. Moreover, when anxiety or depression comes into play it is easy to just 'give up' and accept that remote health and an unhealthy lifestyle are facts of life.

From our experience on the CRANApplus Bush Support Services support line, however, it is clear that there is a wealth of creativity and wisdom amongst remote health workers about how to tackle these issues. It is this wisdom that we are inviting you to share with us. We are interested in hearing about how you as an individual



remote health worker have put strategies into play to promote a healthy lifestyle. As well, we would be interested in hearing how the ethos of your workplace shapes your lifestyle choices. Does your workplace prioritise healthy lifestyle choices and if so how? If not, what can you do about it?

...there is a wealth of creativity and wisdom amongst remote health workers about how to tackle these issues. It is this wisdom that we are inviting you to share with us.

We would love to hear your stories of healthy lifestyle choices out bush. Please send them to: annmaree@crana.org.au

We will be collating the information and distributing it amongst all remote health workers. ●

psychology week 2017 celebrated in arnhem land

Bush Support Services psychologist Therese Forbes celebrated National Psychology Week in Arnhem Land at the end of last year, while conducting a workshop in Nhulunbuy with Top End Primary Health Outreach Team.

She also took the opportunity to introduce the five key pillars of positive psychology into the team's workplace.

"Fostering the five key pillars at work makes good sense," says Therese. "Research from the field of positive psychology has shown that they underpin our psychological wellbeing."

The five pillars are: positive emotions, engagement, relationships, meaning and accomplishment.

The workshop was attended by 10 allied health professionals, midwives and nurses who work at the service.

"They are an enthusiastic and dedicated team," says Therese, "and feedback from the workshop showed that many felt they had experienced positive psychology at its best!"



What people enjoyed most were: workplace culture language, mindfulness exercises, bonding with workmates, cultivating resilience, open, safe communication, workplace wellbeing and achieving group goals.

"The Top End Primary Health Outreach Team do outstanding work in the many communities they visit," says Therese. "I have to say they are also outstanding cooks, with delicious morning and afternoon teas and lunches provided during my stay." ●



Winner of the 2016 STAAR "Healthier Workplace" Award



our bullying app

all the answers at your fingertips!

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

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

Download our App FREE from the App Store.

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



what else do we do?

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

CONTACT DETAILS

Telephone counselling: 1800 805 391

Website: www.crana.org.au/support

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

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

Connect with us on social media:



facebook.com/CRANaplus



twitter.com/CRANaplus



flickr.com/CRANaplus

CRANaplus
Bush Support
Services

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

thriving in the digital age during APS psychology week

By Amanda Akers
Clinical Psychologist
CRANApus Bush Support Services

Psychology Week is an annual public awareness campaign held in November each year showcasing the many ways psychologists can enhance the health and wellbeing of Australians. This event provides an opportunity for psychologists who are members of the Australian Psychological Society (APS) to get together to celebrate psychology and show colleagues and communities what psychology and psychological topics are all about.

Psychology can mean different things to different people. The APS claims that one of the most compelling ways of communicating what psychology is all about is to have APS members speak about the work they do. Psychology Week offers members to design an event that relates to their particular interests or community, with the option of tapping into the national promotions campaign.

Each year, APS members showcase events from networking with fellow health professionals to streamlining the referrals process, or holding a stall with consumer information in a local shopping centre or community, or a free public lecture on a notable psychology topic. Psychologists have identified a range of ways to engage their local community. Other psychologists may hold an afternoon tea in their office which provides an opportunity to build others' understanding of psychology, or they may circulate brochures and materials to local libraries, clinics or schools.

In the years since Psychology Week (previously called National Psychology Week) was first established, a multitude of events designed to raise awareness have been established. The APS remains committed to Psychology Week as an

excellent means to promote and celebrate the large and small differences APS psychologists have made in the lives of Australians.

Thriving in the digital age

Psychology Week is always supported by an APS media campaign with a new theme presented each year. In 2017 the theme for Psychology Week was 'Thriving in the Digital Age'. With so much information being presented in digital format, and so much communication occurring via text messages or social media, it can be hard to keep up, and people can 'crash' with the pressure of managing their digital matters.

Psychology can mean different things to different people. The APS claims that one of the most compelling ways of communicating what psychology is all about is to have APS members speak about the work they do.

Whilst digital communication can keep people from feeling totally isolated, it can also cause mental health problems, such as depression, when communications become negative, include bullying behaviour, or when we think we should keep up with the overly perfect ideals presented by others on social media. It can be handy to pay bills online and to check emails on our phone, but when hours go by and we haven't put down our phone because we're caught up on social media, or if we find social media is affecting our mood, we may need to adjust our habits. ►►





► Tips were made available for surviving and harnessing technology during Psychology Week 2017 and they're valuable to look at and utilise if the use of technology is getting out of hand for you.

APS tips for thriving in the digital age

1. Check less

A recent survey of social media users found that 'constant checkers' – or those who frequently view social media updates and get notifications pushed to their phone – report greater overall stress than adults who check less often. Research also suggests that receiving constant email notifications reduces productivity, while limiting email checks to three times a day lowers stress and increases wellbeing. Change your settings so you don't get constant notifications, and limit when you check to certain times of the day.

2. Take care when posting

An interesting study found that the use of anger-laden words on Twitter predicted heart disease. Other studies have found that those who receive or engage in negative interactions online also suffer. Think about the impact of

your online behaviour on your own or others' health and do your bit to create a positive online social environment.

3. Take an active role

Passive use of social media often leads to increased stress, social comparison, and envy. But being an active, constructive and respectful contributor has been shown to have mental health benefits by building positive social connection. Rather than engaging in a passive way, actively create an online world tailored to your interests and values. Seek out social connections that boost your wellbeing rather than undermine it, just as you would offline.

4. Block the bullies

Social media has fuelled the rise of cyberbullying, but one improvement is that it is now easier to report and block individuals who post malicious content. Be selective about who you involve in your social networks, and ensure your online social network enriches your life.

5. Maintain perspective

Seeing a constant stream of friends or celebrities' career and social successes can be

a stark reminder of how ordinary your own life is, fostering envy and a sense of personal inadequacy. Remember that people post edited highlights that create an image they want the world to see.

Research shows people who are genuine on social media are less stressed and feel better connected than those who present a false image. So avoid competing within your network and be authentic instead.

6. Set boundaries around work

Constant access to email increases the risk of never really clocking off from work. This can result in work issues spilling into family time and can affect other aspects of health, such as sleep. Unless your work involves being on-call, consider turning off email notifications outside of work hours.

7. Guard your sleep

Research suggests that people who use social media before or in bed, and those who keep notifications turned on overnight, are more likely to experience sleep problems, decreased productivity and poor wellbeing during the day. Experts advise turning off all screens, including phones, computers and television, at least an hour before bed.

8. Connect offline

Remember the 'constant checkers'? They report feeling more burdened by online discussions, less likely to catch up with family and friends, and more likely to feel disconnected even when they do meet loved ones. Psychologists know that those who mindfully engage with people and connect with their environment are healthier and enjoy a greater sense of wellbeing.

If you find that your online world is taking over, take a break to reconnect with the people and world around you. Connect face-to-face, put the phone away and really engage.

Bush Support Services' psychologists support Psychology Week and hold information stalls

and morning teas when they're out on the road running workshops for CRANaplus members. As an APS member, I held an information stall at DASA in Alice Springs in November 2017, with brochures on Thriving in the Digital Age made available to participants in the DASA workshop.

If technology is causing you concern or affecting your mood call the CRANaplus Bush Support Services line on 1899 805 391. ●

Australian Psychological Society (APS)

APS is the leading organisation for psychologists in Australia, representing over 22,000 members, and is the largest of all non-medical health professionals' organisations in Australia.

The APS strongly advocates for the discipline and profession of psychology, supports high standards for the profession, promotes psychological knowledge to enhance community wellbeing, and is dedicated to providing benefits to support members' professional lives.

The functions of the APS are conducted through more than 201 active Member Groups within the Society.

There are 40 APS Branches spread across Australia, nine APS Colleges representing specialty areas within the profession (clinical neuropsychology, clinical psychology, community psychology, counselling psychology, educational and developmental psychology, forensic psychology, health psychology, organisational psychology and sport and exercise psychology), and 48 Interest Groups representing the wide range of special interests of the APS membership.

www.psychology.org.au



educate

sharpen your skills in mental health situations

CRANApplus is running a series of workshops around Australia aimed at boosting the communication skills and confidence of remote area nurses and health practitioners when they are helping patients with mental health issues.

The workshops are in response to calls from remote health practitioners who want more education around this area.

"Nurses and clinicians often identify that they feel out of their comfort zone when assessing and assisting a person with potential mental health needs or in crisis," says Registered Nurse Amanda North, who has written the course materials and will coordinate the workshops.

"Situations so often occur late at night and can certainly leave a rural remote area nurse feeling uneasy, unsure and maybe overwhelmed. This is despite having a broad range of skills.



"The one-day workshop will help participants sharpen their skills and transfer them to mental-health emergency presentations; such as some one presenting with psychosis, a suicide attempt or a high level of distress in response to something like an altercation with a partner."

Amanda has worked in mental health areas since 2004, her roles involving crisis and case management services, court liaison, hospital liaison and a project which involved managing mental health emergencies with police, ambulance and health. She has also been involved in outreach services to remote communities.

"The workshop is not about diagnosis, it's about how to deal with the behaviour of patients, using common scenarios and a step-by-step framework as a guide," says Amanda.

Safety for all concerned will be a focus in the workshop scenario of a situation where a person is suffering a psychotic episode and needs to

be evacuated, often against their will. Other scenarios will suggest how posture and voice, and even where you sit to talk to a patient, can have a calming influence. Yet another will help participants begin a risk assessment of someone who has tried to suicide.

The five-point framework involves being open (communication skills), observing (watching and listening to what people are saying), checking on any medical or physical issues that could be influencing their behaviour, gathering information and organising a plan of action.

"Often it doesn't have to be a formal approach, just letting them tell their story, if they are distressed or they are in crisis," says Amanda.

"We are able to provide specific training to organisations and have the flexibility in the course to encompass local policies and practices if appropriate," says Amanda. "For nurses if you need to get some CPD before re-registration this will be an ideal course to attend."

"Nurses and clinicians often identify that they feel out of their comfort zone when assessing and assisting a person with potential mental health needs or in crisis."

The first workshop is in Alice Springs on the 11 May followed by four more in Toowoomba, Darwin, Rockhampton and a fifth venue to be confirmed.

Participants will receive pre-packaged materials online before attending.

If you would like to participate or be a facilitator at one of the workshops, please contact Amanda@crana.org.au or courses@crana.org.au



Photo: Donna Lamb.



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

Transition from RN to Remote Area Nurse 2018

ABOUT THE SHORT COURSE

A face-to-face program that prepares Registered Nurses to work as Remote Area Nurses and articulates with Flinders University Award courses. Content includes Framing Indigenous Health, Primary Health Care, Self Care and Remote Advanced Nursing Practice.*

To be held
Alice Springs, Monday 18th June – Friday 29th June 2018
Alice Springs, Monday 1st October – Friday 12th October 2018

Cost: \$2,250

* To satisfy all the requirements of the program, participants will be required to complete Pharmacotherapeutics for RANS (online) and the CRANApplus Remote Emergency Care (REC) course.
Send your registration no later than 4 weeks prior to course start date.



CRANApplus
improving remote health

For registration enquiries please contact:
Short Course Administration Officer – Centre for Remote Health
E: crh.shortcourse@flinders.edu.au **W:** http://www.crh.org.au/
PO Box 4066 Alice Springs NT 0871 P: +61 8 8951 4700 **F:** +61 8 8951 4777



CHARLES DARWIN UNIVERSITY

education under constant review

CRANApplus is dedicated to delivering a quality education programme: from courses specialising in maternity, midwifery and paediatric issues to courses with a focus on emergency, trauma and mental health.

With over 20 course types now available, and five suites of online learning, the Curriculum Development Team is constantly reviewing and updating the program as well as developing new courses and resources.

With over 20 course types now available, and five suites of online learning, the Curriculum Development Team is constantly reviewing and updating the program as well as developing new courses and resources.

Julie Moran and Leonie McLaughlin, both with extensive post-graduate qualifications and experience, make up the Curriculum Development Team for CRANApplus, supported by clinical coordinators, experts in specific subjects, the eRemote team and Sue Crocker, the Director of Education Services.

Most recent completed work:

- A new Advanced Life Support (ALS) program launched this year: an interactive, learner based online course providing the theoretical learning for both online and face-to-face delivery modes for ALS. Our ALS course is being offered on the AMA learning portal as an ALS option for doctors.
- The review of the Midwifery Upskilling Program: feedback of the revised course

has been very positive with students enjoying the increased elements of hands-on, practical and simulated learning.

Julie, who came to CRANApplus in August last year, has worked across a range of industries including health, education, management & leadership, and safety. In her earlier career, Julie worked as a speech pathologist, specialising in work with children with cerebral palsy. She then spent eight years working in regional SA with a primary health focus. She has many years' experience as a facilitator, designer of learning programs and e-learning program development.



Leonie is a RN, RM and has worked predominantly in rural health and education for the past 20 years. She still works occasional shifts at her local small rural hospital in Mansfield. Having started with CRANApplus as a facilitator, Leonie then worked as relieving midwifery course coordinator and took on the role of ALS coordinator, becoming a fulltime employee in late 2016 with shared clinical coordinator and curriculum roles.

The current reviews being undertaken are:

- Triage Course
- Maternity Emergency Course
- Remote Emergency Course
- eRemote modules

New curriculum is also being developed for the Mental Health Emergencies and Safety & Security projects. ●

2018 EDUCATION SCHEDULE

COURSES ARE OPEN FOR REGISTRATION AT CRANA.ORG.AU

Schedule subject to changes, please check website for updates.



Maternity Emergency Care

WESTERN AUSTRALIA
BUNBURY, 27-29 JULY
BROOME, 5-7 OCT
QUEENSLAND
CAIRNS, 1-3 JUNE, 17-19 SEPT
BRISBANE, 15-17 JULY
TOWNSVILLE, 18-20 MAY
NORTHERN TERRITORY
KATHERINE, 31 AUG - 1 SEPT
DARWIN, 27-29 APR
ALICE SPRINGS, 10-12 AUG
NEW SOUTH WALES
LENNOX HEAD, 8-10 APRIL
TASMANIA
BURNIE, 23-25 NOV



Advanced Life Support

WESTERN AUSTRALIA
BROOME, 15 OCT
BUNBURY, 12 NOV
QUEENSLAND
CAIRNS, 26 MAR
TOOWOOMBA, 28 MAY
TOWNSVILLE, 30 JUL
NORTHERN TERRITORY
DARWIN, 13 AUG
ALICE SPRINGS, 27 AUG
VICTORIA
BALLARAT, 26 NOV
SOUTH AUSTRALIA
ADELAIDE, 24 FEB



Midwifery Upskilling

WESTERN AUSTRALIA
PERTH, 24-26 AUG
QUEENSLAND
CAIRNS, 15-17 JUNE
NORTHERN TERRITORY
DARWIN, 26-28 OCT
NEW SOUTH WALES
LENNOX HEAD, 13-16 APRIL
TASMANIA
HOBART, 29 SEPT - 1 OCT



Remote Emergency Care

WESTERN AUSTRALIA
BROOME, 12-14 OCT
BUNBURY, 9-11 NOV
QUEENSLAND
TOOWOOMBA, 25-27 MAY,
CAIRNS, 23-26 MAR, 17-19 SEPT
TOWNSVILLE, 27-29 JUL
LONGREACH, 7-9 SEPT
NORTHERN TERRITORY
ALICE SPRINGS, 16-18 MAR, 15-17 JUNE & 24-26 AUG, 28-30 SEPT
DARWIN, 18-20 MAY & 10-12 AUG
KATHERINE, 1-3 JUN
NEW SOUTH WALES
BATEMANS BAY, 27-29 APR;
TAMWORTH, 4-6 MAY;
VICTORIA
TORQUAY, 6-8 APR
BALLARAT, 23-25 NOV
TASMANIA
GEORGETOWN, 12-4 MAR
HOBART, 26-28 NOV

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



Advanced Remote Emergency care

WESTERN AUSTRALIA
PERTH, 31 AUG - 1 SEPT
QUEENSLAND
CAIRNS, 13-16 JUL
NORTHERN TERRITORY
DARWIN, 16-18 NOV
NEW SOUTH WALES
DUBBO, 23-25 FEB
VICTORIA
GEELONG, 20-22 APR



Paediatric Emergency Care

WESTERN AUSTRALIA
PERTH, 3-4 NOV
QUEENSLAND
CAIRNS, 24-25 MAR
NORTHERN TERRITORY
DARWIN, 14-15 APRIL
NEW SOUTH WALES
COFFS HARBOUR, 6-7 OCT
VICTORIA
GEELONG, 12-13 MAY



Triage Emergency Care

WESTERN AUSTRALIA
BUNBURY, 13 NOV
QUEENSLAND
CAIRNS, 1 SEPT
NORTHERN TERRITORY
ALICE SPRINGS, 23 JUNE
SOUTH AUSTRALIA
ADELAIDE, 25 FEB



Practical Skills

QUEENSLAND
CAIRNS, 2 SEPT
NORTHERN TERRITORY
ALICE SPRINGS, 24 JUNE
VICTORIA
LEONGATHA, 21 FEB
LORNE, 12 MAY

CRANAplus 36th Annual Conference CAIRNS, QLD 20-22nd September 2018

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Pathways to Remote Professional Practice



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www.crana.org.au/education

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ADELAIDE
08 8408 8200



The Flying Optometrist

By Joanne Anderton

Illustrations by Karen Erasmus

Published in association with the
Brien Holden Vision Institute

Publication date: March 2018

Market: General trade; Children's book

Age range: 4+

RRP \$24.99 (hardback)

ISBN 978-0-642-27913-2

About the book

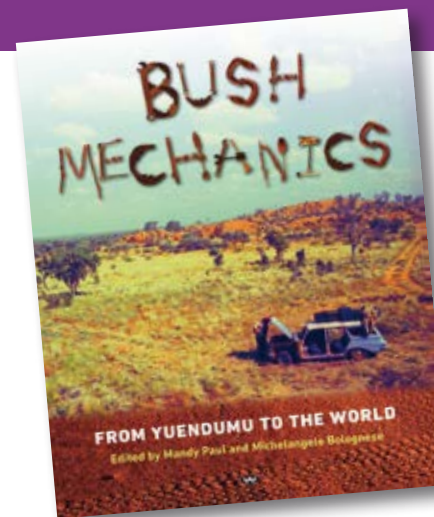
The Flying Optometrist travels in his little red aeroplane from his practice in the city to a remote outback town. Lots of people are waiting for him! Auntie can't see well enough to carve her emu eggs and Bill the plumber has a splinter in his eye. Young Stephanie can't wait for him to arrive as she has broken her glasses and can't join in games of cricket and have fun with her friends – she can't see the ball! Hurry up Flying Optometrist! Where is he? Is he lost?

The townsfolk wait with bated breath until finally the Flying Optometrist's little red plane appears, having only just missed a bad storm. A big meal waits for him in the local hotel. Then starts work checking eyesight. The Flying Optometrist doesn't have long, but he helps as many people as he can. He returns to the city but Stephanie has to wait a little longer for an exciting package to come – her new glasses!

At the back of the book are lively non-fiction sections about the 'real' flying optometrist and the history of aerial rural services in Australia, including the flying doctor service.

About the author

Joanne Anderton's novels and short story collection have received international review coverage in *The New York Journal of Books*, *The Guardian*, *Library Journal* and *Publishers Weekly*. She has a passion for beautiful children's books. She can often be found in the children's section at her local bookshop, buying up big because she's the book-giving auntie – and proud of it! While browsing, she always hoped that one day she could create such gorgeous stories. **The Flying Optometrist** is close to her heart and she's excited to be sharing this story with the next generation. She lives in Sydney with far too many pets, and far too many books.



Bush Mechanics

From Yuendumu to the world

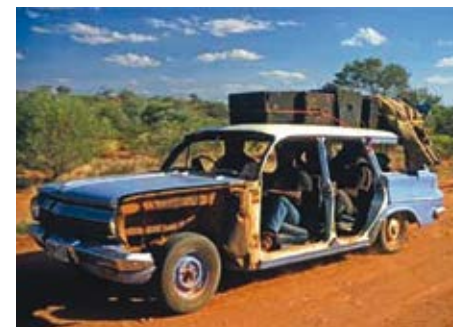
Edited by Mandy Paul and
Michelangelo Bolognese

Publication date: December 2017

RRP \$29.95

ISBN 978-1-74305-515-1

Cars are a central feature of life in remote Aboriginal communities. Far from spare parts and sophisticated tools, bush mechanics keep cars running with what is available in the bush, including mulga wood, spinifex and sand. And while the increasing complexity of modern cars poses a challenge, even today the best tool available to travellers in Central Australia is the ingenuity of the bush mechanic.



About the book

Bush Mechanics first screened on the ABC in 2001, starring young Warlpiri men, rusty old cars and the Australian outback.

It was a hit. Funny, ingenious and sometimes confronting, **Bush Mechanics** was filmed in and around Yuendumu, one of the largest Aboriginal communities in Central Australia.

The stories centred around cars, but provided broader insights into contemporary Aboriginal life and culture.

This book explores the history and the continuing appeal of **Bush Mechanics**.

Produced in conjunction with the **Bush Mechanics** touring exhibition:

- Tarnanthi, Adelaide from 17 October 2017 to 30 October 2017
- Melbourne Museum from 9 March 2018 to 15 July 2018
- National Museum of Australia, Canberra from December 2018 to July 2019, dates to be confirmed.

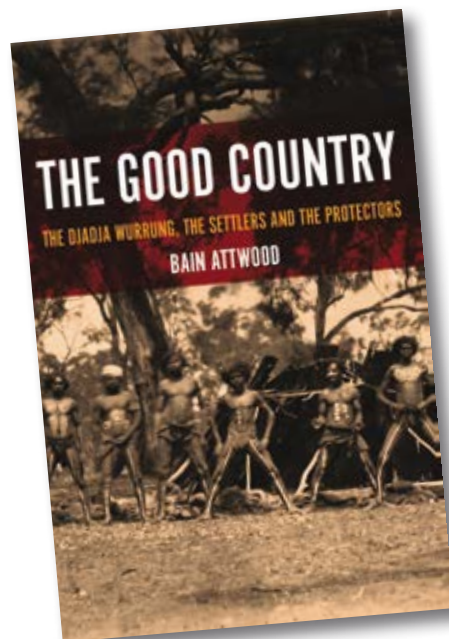
About the editors

Mandy Paul is the director of the Migration Museum, a museum of the History Trust of South Australia, and has previously worked in museums around Australia and in the United Kingdom.

She has a long history of working in Aboriginal Australia, which began when she was native title historian at the Central Land Council, Alice Springs.

Michelangelo Bolognese is a senior curator at the National Motor Museum, and has previously worked at the British Museum and London Fire Brigade Museum.

www.wakefieldpress.com.au



The Good Country

The Djadja Wurrung, the Settlers and the Protectors

By Bain Attwood

RRP \$29.95

Beyond the generalisations of national and colonial history, what can we know about how Aboriginal nations interacted with the British settlers who invaded their country, the men appointed by the imperial and colonial governments to protect them, and each other?

About the book

In *The Good Country* Bain Attwood makes a major contribution to our knowledge of this period by providing a superbly researched, finely grained local history of the Djadja Wurrung people of Central Victoria.

The story is a shocking one, of destruction, decimation and dispossession, but, equally powerfully, it is not one of unceasing conflict. With reference to an unusually rich historical record, concepts such as the frontier and resistance emerge as inadequate in this context. Attwood recovers a good deal of the *modus vivendi* that the Djadja Wurrung reached with sympathetic protectors, pastoralists and gold diggers, showing how they both adopted and adapted to these intruders to remain in their own country, at least for a time.

Finally, drawing past and present together, Attwood relates the remarkable story of the revival of the Djadja Wurrung in recent times as they have sought to become their own historians.

About the author

Bain Attwood is a Professor of History at Monash University. He is the author of several books, including *The Making of the Aborigines* (1989), *Rights for Aborigines* (2003), *Telling the Truth about Aboriginal History* (2005), and *Possession: Batman's Treaty and the Matter of History* (2009). He is also the co-author of *The 1967 Referendum: Race, Power and the Australian Constitution* (2007), and co-editor of *Frontier Conflict: The Australian Experience* (2003), *Frontier, Race, Nation: Henry Reynolds and Australian History* (2009), and *Protection and Empire: A Global History* (2017).

"Scrupulous scholarship at its best. Attwood sets higher standards for historical truth-telling of a sort immediately relevant today."

Alan Atkinson



A White Hot Flame

Mary Montgomerie Bennett – Author, Educator, Activist for Indigenous Justice

By Sue Taffe

RRP \$34.95

Publication: March 2018

Series: Australian History

ISBN (pb): 978-1-925523-18-8

ISBN (e-book): 978-1-925523-19-5

Mary Montgomerie Bennett (1881–1961) is an important but under-recognised figure in Australian history. A member of a successful squatting family, she became a voice for reform at a time when Aboriginal Australians had their citizens' rights curtailed by repressive state laws.

From her late forties until her death she fought for justice on behalf of the first Australians. She was a teacher, a writer and an advocate. She vehemently opposed the separating, on racial grounds, of Aboriginal children from their families. She put the case, decades before campaigns began, for Aboriginal rights to traditional lands. And she argued for citizenship rights, including equal pay and access to old age pensions for Aboriginal people. A friend described her as 'a white hot flame', relentless in pursuit of a better world for the people she loved.

About the book

This first comprehensive biography seeks the sources of Mary's inspiring energy, maintained throughout her life, in her family background and early life experiences.

About the author

Sue Taffe is a Melbourne historian who has written about the contributions of twentieth century activists to campaigns for Aboriginal rights. She is the author of *Black and White Together FCAATSI: the Federal Council for the Advancement of Aborigines and Torres Strait Islanders*, as well as articles and book chapters about these activists.

"A white hot flame indeed – here is an important contribution to our national story."

Kim Scott



Photo: Libby Bowell.

professional

new aged care workforce taskforce to focus on safety and quality

CRANaplus was among a broad range of Organisations and Aged Care providers who attended the Aged Care Workforce Strategy forum in Canberra in December 2017.

The discussions highlighted the diversity of providers across Australia. Among the issues identified were ongoing workforce sustainability and the challenges that exist for the remote and rural sector versus the metropolitan and more urban areas. A follow-up forum is scheduled for April 2018.

The Minister for Aged Care, the Hon Ken Wyatt AM, MP, in announcing the formation of this expert taskforce, said that the taskforce will be comprised of people with a broad range of experience, both within and outside the aged care sector, to develop a wide-ranging workforce strategy, focused on supporting safe, quality aged care for senior Australians.



Photo: Steve Batten.

The Taskforce will be led by Professor John Pollaers and will reference the June 2017 report of the Senate Community Affairs References Committee inquiry into the future of the aged care sector workforce, the workforce-related observations in the government commissioned *Legislated Review of Aged Care 2017* and the recently released *Review of National Aged Care Quality Regulatory Processes*.



...the taskforce will be comprised of people with a broad range of experience, both within and outside the aged care sector, to develop a wide-ranging workforce strategy, focused on supporting safe, quality aged care for senior Australians.

The taskforce will develop a strategy for growing and sustaining the workforce providing aged care services and support for older people, to meet their care needs in a variety of settings across Australia.

An extensive consultation is being concurrently undertaken inviting input from consumers, their families, carers, people with special needs, service providers, peak groups and many other stakeholders.

<https://agedcare.health.gov.au/reform/aged-care-workforce-strategy-taskforce/>
<https://agedcare.health.gov.au/> ●

submissions

CRANaplus has submitted a response to the discussion paper on Registered Nurse and Midwife prescribing though the NMBA which closed at end of December 2017.

The NMBA is collating feedback received and will publish it as soon as practical.

Keep an eye on their website:

<http://www.nursingmidwiferyboard.gov.au/News/Past-Consultations.aspx> ●

CRANaplus rural nursing project

The agreed definition of Rural Nursing is now available on our website.

This was the culmination of the extensive consultation and discussion amongst the Expert Advisory Group.

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

The CRANaplus *Fundamentals of Rural Nursing Practice* workshops were designed to meet the learning needs of registered nurses, enrolled nurses and nurses new to rural practice.

The one-day workshop will develop and enhance the knowledge and skills of the rural nursing workforce in the following areas;

- Clinical assessment and decision making
- Comprehensive history taking
- Recognising and responding to the deteriorating patient
- Escalation of care – in a rural context
- Communication for safety – clinical handover.



Workshop Dates

24 March, Scottsdale, Tasmania

6 April, Yarrowonga, Victoria

19 April, Bourke, New South Wales

21 April, Dubbo, New South Wales

27 April, Port Augusta, South Australia

3 May, Longreach, Queensland

Workshops are scheduled in next few months and for more information and to Register visit our website:

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

We look forward to being able to provide an evaluation of the workshops to be included in the final report of the Rural Nursing Project by June 2018. ●

the CRANaplus suite of scholarships is now open

The Undergraduate Clinical Placement Scholarship

There are two rounds again this year and CRANaplus is keen to increase the number of available scholarships and is seeking additional sources of Sponsorship.

Nurses Memorial Foundation Grants

CRANaplus is delighted and very appreciative of the annual donation from the Nurses Memorial Foundation of SA for their continuing support. The Grants are available to Nurses and Midwives who are members of CRANaplus to assist with the cost of CRANaplus Education activities or the CRANaplus Annual Conference.

The Annual Gayle Woodford Memorial Scholarship

CRANaplus in partnership with the Centre for Remote Health will offer the third round of the Gayle Woodford Memorial Scholarship.

The scholarship covers all course fees for the Graduate Certificate in Remote Health Practice, offered through Flinders University. The scholarship is open to registered nurses, Indigenous health practitioners, allied health practitioners and medical officers.

Applications close 30 June 2018.

Country Womens' Association of Australia (CWAA) Scholarship

CRANaplus was pleased to be associated with the CWAA and the first round of the National Scholarship for Rural and Remote Nurses and Midwives. This round attracted a diversity of applications and the CWAA were able to offer financial support for a range of courses for applicants across Australia.

For full details of scholarships and grants go to: <https://crana.org.au/membership/scholarships/> ●



Photo: Steve Batten.

cultural safety a focus of new code of conduct for nurses

NMBA and CATSINaM joint article

Nurses must take responsibility for improving the cultural safety of health services and systems for Aboriginal and Torres Strait Islander patients and colleagues under a new code of conduct that takes effect on 1 March this year.

A new code of conduct for nurses, available from the Nursing and Midwifery Board of Australia (NMBA) website, also states they must provide care that is 'holistic, free of bias and racism'.

"The code makes it very clear that racism or bias is not acceptable," said the chair of the NMBA, Associate Professor Lynette Cusack.

If patients, their carers or families had experienced or had concerns about racist behaviour in a health service, Associate Professor Cusack said they should make a complaint through official channels at the service or, in serious cases, to the health service ombudsman or regulator.

The new code says nurses should advocate for and facilitate access to quality and culturally safe health services for Aboriginal and/or Torres Strait Islander peoples, and recognise the importance of family, community, partnership and collaboration in the healthcare decision-making of Aboriginal and/or Torres Strait Islander people.

The code advocates for culturally safe and respectful practice and requires nurses to understand how their own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues.

They must also acknowledge the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels.

The new code also requires nurses to engage in advocacy, using their expertise and influence to address health disparities, and to protect and advance the health and wellbeing of individuals as well as communities and populations.

A glossary accompanying the new codes of conduct for midwives and nurses cites the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). It notes that the concept of cultural safety was developed in a First Nations' context and holds that the recipient of care – rather than the caregiver – determines whether care is culturally safe.

The glossary says cultural safety is a key philosophical shift from providing care regardless of difference, to providing care that takes account of peoples' unique needs, and has a focus on systemic and structural issues and on the social determinants of health.

The code advocates for culturally safe and respectful practice and requires nurses to understand how their own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues.

Ms Janine Mohamed, CEO of CATSINaM, congratulated the NMBA on the new code.

"The NMBA is showing leadership in the area of cultural safety that sets a great example for other health professions and organisations," she said.



Ms Mohamed said nurses were in a powerful position to contribute to better health outcomes for Aboriginal and Torres Strait Islander people by improving the cultural safety of their practice.

"Nurses are the largest health workforce and we can have an amazing impact on Aboriginal and Torres Strait Islander health, building on the great work we already do," she said.

Associate Professor Cusack encouraged nurses to upskill where necessary and to engage with cultural safety educational programs that challenged their beliefs and assumptions.

While the new code was only a small part of a much bigger process to improve the cultural safety of healthcare, Associate Professor Cusack said she hoped it would contribute to leading meaningful change for Aboriginal and Torres Strait Islander people, as patients, carers and families, and as health professionals.

She said the NMBA valued its strong partnership with CATSINaM, and acknowledged the organisation's contributions in providing a powerful voice in national policy making.

Associate Professor Cusack said the NMBA had relied on CATSINaM's contributions in developing the new code because "we, as the regulator, recognised that our previous code was not strong enough in relation to cultural racism or bias and we needed to improve, both in our documents and our process of collaboration".

She added: "We are open to being told we can do better; that involves being open to learning, reflection and improving on what we do as a regulator."

"CATSINaM is a very well respected professional organisation; they will challenge us if we need to reconsider our approach to supporting Aboriginal and Torres Strait Islander health. And we absolutely value that."

Associate Professor Cusack urged nurses to stop and reflect upon their assumptions and practices in relation to Aboriginal and Torres Strait Islander people, whether in the delivery of care or as undergraduate educators of nursing students.

"I am aware of some educators, administrators and nurses who are very passionate about Aboriginal and Torres Strait Islander health care," she said.

"There are people out there advocating and providing excellent care. As regulators we want everyone to be doing this."

The principles of the code apply to all types of nursing practice in all contexts, whether it is paid or unpaid, clinical or non-clinical, and to all settings where a nurse may engage, including face-to-face, publications, or via online or electronic means.

Practitioners who hold dual registration, as both nurses and midwives, must comply with both codes. ●

beginning of new era – RAN certification



RAN Certification is a 'new era' for professional acknowledgement and recognition of what remote and isolated nurses do and have done for a number of generations.

We are moving closer to the end of another

decade with baby boomers retiring, and at the same time millennials entering the work place. Like the rest of the multi-generational nursing workforce, millennials want recognition and acknowledgement for what they do.

Australia's Future Health Workforce – Nurses Overview Report 2014 provides information of Australia's future nursing workforce requirements from 2012 to 2030 states that: *Nursing (and the wider healthcare system) in Australia must evolve, adapt and innovate in order to continue to provide effective patient care amidst ever increasing demand, emerging technologies and limited resources (pg2).*

CRANaplus, being the professional body for remote and isolated health workforce proudly launched in October 2017 the RAN Certification program for nurses.

The RAN Certification provides this recognition not only for nurses themselves, but for health services to have the confidence in knowing that Professional Standards of remote nursing practice do exist. These Standards not only guide and shape nurses' practices but also allow their practice to evolve, and adapt to the demand of remote health care now and into the future.

Attaining RAN Certification status indicates that a professional nurse has the capabilities to deliver the various components necessary for remote and isolated practice.

Certification is a voluntary undertaking initiated by the individual nurse and as CRANaplus offers the program at no cost to members, is a national benchmark for consistency of the provision of care for remote and isolated nursing practice.

Congratulations to Linda Blair (pictured below), Registered Nurse, from Victoria who has recently attained her RAN Certification Certificate. Linda provides her insights, attained from deeper learning and understanding of the Professional Standards and the process...



My permanent employment is as a Rural and Isolated Practice Endorsed Registered Nurse (RIPERN) in country Victoria. Additionally, I've been fortunate to work remote contracts in the Torres and Cape communities. Originally, I had mixed feelings about what the RAN Certification meant and I was curious to see what it was all about, having previously completed only one CRANaplus course.

There are nine professional standards which appears quite daunting at first glance. Once I started the process I found I could complete it at my own pace. I was able to save my

progress as I went along gathering information appropriate to my practice.

I utilised the S.T.A.R. (Situation, Task, Action, Results) method when answering or giving examples which kept it relevant and concise. Furthermore, I found the certification process valuable for self-reflection. As I was working through the process I was aware of my strengths as well as areas that would benefit from further consolidation.

These Standards set a benchmark plus enhance transparency and accountability in providing quality healthcare to the remote and isolated communities in which we love to work.

So, what does attaining RAN Certification mean to me... a better understanding of the Professional Standards that guide my practice, increasing awareness of importance of safety as well as raising the profile of RANs.

I encourage all RANs not to fear or feel negative towards the process but embrace the professional recognition as competent practitioners.

For further information visit our website: <https://crana.org.au/professional/certification/> and download the brochure.

Marcia Hakendorf, Professional Officer ●

Are you a new graduate or a current health professional new to remote health?

Are you an experienced remote health professional and interested in mentoring a colleague?

Support for new graduates or those taking up remote practice for the first time is a key determinant of the quality of their experience and their willingness to stay.

In spite of general acknowledgement that there is a need for mentoring and the contribution it can make to the overall experiences and ultimately staff retention, mentoring programs in health are virtually non-existent, either nationally or at a local remote level.

CRANaplus has acknowledged this need and developed, the LINKS mentoring program for remote and rural health professionals.

This coordinated and supported mentoring program will link experienced mentors with mentees.

At the same time it will provide current health professionals in remote practice with the knowledge and skills required to provide effective mentoring, transferrable skills that they can utilise every day in their own practice.

The online program coordinator will provide support for the online module and with the assistance of CRANaplus Bush Support Services develop the mentoring relationship.

This Program is available at you at no cost.

unique program meeting the needs of remote managers

The CRANaplus Remote Management Program (Essentials for Remote Managers) is designed to enhance and broaden the manager's existing expertise regarding leadership and management, clinical governance, and project management.

Whilst there is a gamut of leadership and management programs, there are none that address the contextualisation of remoteness and the associated challenges managers experience in remote health services.

CRANaplus understands the challenges remote managers experience on a daily basis dealing with staff at a distance, leading change and being responsible for the delivery of safe, quality care.

The CRANaplus Remote Management Program is a 14 week program that consists of three components: four online modules, a two day workshop and participation in the ACHSM Mentorship Program. Managers will be mentored by an Australian College of Health Service Management (ACHSM) registered member from rural and remote areas.

2018 Workshop Dates

Thursday 21 June, Adelaide, SA – 2 days: Thursday 8:00–17:30, Friday 8:00–17:30

Tuesday 18 September, Cairns, QLD – 2 days: Tuesday 8:00–17:30, Wednesday 8:00–17:30

Testimonials

"I have found the modules useful and they have given me the big picture about managing a clinic... I only wish they were around 10 years ago when I was struggling to understand what I was supposed to do in the role of manager... Meeting with the others in the program made me feel that I wasn't the only one with the issues about managing. I gained some good ideas and appreciated the situations others were in." Course Attendee, Alice Springs, July 2016

The question asked:

How will you use the skills developed through the remote management program?

Participant's response:

"In all facets of management. Self reflection both personally and professionally, recognising when staff and myself need extra support and strategies to manage these times. I feel the course has given me a better understanding of leadership skills, and how to apply these on a day to day basis... I will use all the skills taught to me." Course Attendee, Broome, October 2017

For more information and to register go to: <https://crana.org.au/professional/>

a bright new future for the NRHSN

With smiles all around, December found the 2017 National Rural Health Student Network (NRHSN) Executive Committee excited to be handing over to a new committee.

With the news coming from the Minister for Health, the Hon Greg Hunt MP, just months earlier that the Australian Government was committed to provide funding for the operation of both the NRHSN and Rural Health Clubs until December 2020. The 2018 executive committee is a very diverse and multidisciplinary team of passionate health students from across Australia.

Chair – Carolyn Reimann

Carolyn is a passionate medical student from JCU that has a love about both rural and climate health. She hopes to merge the two passions as a rural generalist, ideally in the Kimberley. During her undergrad studies she had overseas experiences in Central America and Africa, while in Australia she was one of six students selected nationally by Northern Territory PHN to promote health careers to rural high school students in Central Australia.

Vice Chair – Digby Allen

Digby has a strong connection to rural health, having grown up in a small town of 600 people. His John Flynn placements have been with the Royal Flying Doctor Service and at a clinic in Mt Isa, Queensland. He is a RAMUS scholar in Berrima, New South Wales and has held a number of leadership positions at the RAHMS Rural Health Club.

Secretary – Amy Wenham

Amy is currently studying nursing at the University of Sydney, where she is the President for MIRAGE Rural Health Club and has held a number of leadership positions throughout her degree. Having grown up in rural areas across the globe, Amy has a strong passion for rural and remote health. This passion is something that she strives to employ with her nursing degree in the future.

Allied Health Officer – Simon Whelan

Simon was born into a rice farming family, with home being on a property near Griffith NSW. ►►



Above, left to right: Ashley Brown, Rebecca Fatnowna, Benjamin Dodds, Amy Wenham, David Trench, Carolyn Reimann, Digby Allen, William Moorhead, James Tsakisiris and Kayak Guide.

► He has an innate passion for rural health, having witnessed and directly experienced disparity in health and healthcare. Simon will continue his study this year at the University of Sydney with a Masters of Speech Language Pathology.

Community and Advocacy Officer – Ashley Brown

Ashley grew up on Tasmania's beautiful North-West coast and is excited to be moving back there to continue her study of medicine at the University of Tasmania Rural Clinical School. Ashley loves the lifestyle of smaller communities and has a

strong interest in rural/remote medicine and its generalist nature. Ashley is also currently serving as President for her Rural Health Club.

Indigenous Health Officer – Rebecca Fatnowna

Rebecca is of both Aboriginal and Torres Strait Islander descent with both her grandfathers' being descendants of the Kuku Yalanji people and her grandmothers from Moa Island and Ugar Island in the Torres Straits. Rebecca is very passionate about rural health particularly, Aboriginal and Torres Strait Islander health, and aspires to be a rural generalist.



Medical Officer – David Trench

David was born and raised in Wagga Wagga, NSW. He combines his passion for rural health as a medical student with his love for travel by having volunteered in Kenya to perform health screening checks on primary school children, Nicaragua where he worked in rural hospitals repairing vital equipment and in Samoa where he helped rebuild after the tsunami.

Nursing and Midwifery Officer – James Tsakiris

James originates from the small coastal township of Cardwell in Far Northern Queensland and has first-hand experience of the hardship and barriers placed before those from rural settings. Currently, he is pursuing nursing at JCU.

Representing over 11,000 multidisciplinary health students in all States and Territories, the 2018 team will continue to focus on key issues in rural and remote health. The three key priority areas being: Positive and supported rural training pathways, Aboriginal and Torres Strait Islander health, and Mental health training and awareness for all university health students.

The NRHSN team can be contacted at: executivecommittee@nrhsn.org ●



Left: Top row, left to right: Digby Allen, David Trench, Amy Wenham, James Tsakiris and Ashley Brown. Bottom row, left to right: Rebecca Fatnowna, Carolyn Reimann, Benjamin Dodds and William Moorhead.

Above: Back: Ashley Brown. Front: Amy Wenham and Benjamin Dodds.

journey to health

The 2018 National Rural Health Student Network (NRHSN) Secretary is University of Sydney nursing student Amy Wenham.



For Amy, the path leading to a career in health took her to Oklahoma and back.

Although Amy was born in Australia, she has spent half her life living in the United States and its Territories. After moving to the US in the early 2000s, she moved across the country, living in a number of rural communities. She then began studying Biosystems and Agricultural Engineering at Oklahoma State University.

And then she fell in love with health. Amy's experiences working in an Emergency Department had a significant impact on her and she quickly changed her career aspirations, prompting her to move back to Australia to study nursing. Since returning, Amy says "I couldn't have made a better decision."

Since starting nursing school, Amy has served in a number of leadership roles within the faculty and across the university. She has served as the Sydney University Nursing Society President, MIRAGE Rural Health Club Senior Nursing Representative, Secretary and now President, Bachelor of Nursing Student Representative, Faculty of Nursing and Midwifery Student Faculty Representative, Culture Taskforce Student Representative and Academic Board Member.

When she graduates, Amy says she will continue to advocate for mental health within the nursing profession, something that she holds close to her heart.

"I have been incredibly fortunate in the opportunities that I have had so far in nursing school," Amy says. "And it's exciting to think of where my journey will go." ●



Australian Indigenous HealthInfoNet

Now, evidence shows that five of the seven leading risk factors contributing to the health gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians relate to poor diet.

...evidence shows that five of the seven leading risk factors contributing to the health gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians relate to poor diet.

connect

latest nutrition review confirms that community control is critical

By Kathy Ride
Research Team Leader
Australian Indigenous HealthInfoNet

The Australian Indigenous HealthInfoNet (HealthInfoNet) at Edith Cowan University in Perth, Western Australia has published a new *Review of nutrition among Aboriginal and Torres Strait Islander people*. It provides detailed information on food, diet and nutritional health among Aboriginal and Torres Strait Islander people, and includes data for diet-related conditions; morbidity, mortality and burden of disease.

This review highlights the importance of nutrition promotion and the prevention of diet-related disease, and provides information on relevant programs, services, policies and strategies that help improve food supply, diet and nutritional health among Aboriginal and Torres Strait Islander people.



Lead author Professor Amanda Lee is a Senior Advisor at the Australian Prevention Partnership Centre at the Sax Institute and has more than 35 years' experience as a practitioner and academic in nutrition, obesity and chronic disease prevention, Aboriginal and Torres Strait Islander health and public health policy.

This review highlights the importance of nutrition promotion and the prevention of diet-related disease...

This review describes how, prior to European settlement in Australia, Aboriginal and Torres Strait Islander peoples were generally healthy and enjoyed a varied traditional diet low in energy density and rich in nutrients.

The review also highlights that sustained and effective interventions to improve nutrition will require: an adequately trained workforce; adequate and sustained resourcing; intersectoral partnerships; a practical monitoring, research and evaluation framework; and effective dissemination.

The review can be accessed free on the HealthInfoNet website and is also published in the January-March edition of the HealthBulletin.

The nutrition portal on the HealthInfoNet website contains a wealth of other information relating to Aboriginal and Torres Strait Islander nutrition, including: programs and projects; health promotion and health practice resources; policies and strategies; and publications (including grey literature).

The *Review of nutrition among Aboriginal and Torres Strait Islander people* and additional information can be accessed at: <http://www.healthinonet.ecu.edu.au/>

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¹ Bobrow BJ, et al. *Ann Emerg Med*. 2013 Jul;62(1):47-56.e1.

² Sell RE, et al. *Circulation*. 2009;120 (18 Supplement): S1441.

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hot north 2018 funding awards released: building the health research workforce in northern australia

A total of 13 new health research projects have been announced as part of HOT NORTH, a four-year National Health and Medical Research Council (NHMRC) funded program led by Menzies School of Health Research (Menzies).

The new projects will examine some of Australia's most pressing health concerns affecting Indigenous and non-Indigenous Australians in northern Australia and our regional neighbours abroad.

From biosecurity threats to health management plans, the large breadth of targeted research being supported is developing the research and clinical capacity of health professionals in the north and producing real and meaningful changes on the ground.

Director of HOT NORTH, Menzies' Professor Bart Currie envisages that, "by building the capacity of health professionals and scientists in northern Australia, we're working towards improvements in health outcomes not only for Australia, but also the Asia-Pacific region."

Now in its second year of operation, HOT NORTH has awarded over \$1.74 million in funding

to support researchers investigating some of northern Australia's most urgent health problems – vector borne and emerging diseases, skin health, chronic disease, antimicrobial resistance, and respiratory health.

In the second half of the year, HOT NORTH will present an additional seven pilot projects, bringing the total amount of funding for 2017-2018 to just over \$2 million.

The new projects will examine some of Australia's most pressing health concerns affecting Indigenous and non-Indigenous Australians in northern Australia and our regional neighbours abroad.

With a total of \$6 million to be distributed over the four years of the program, HOT NORTH will support a total of 48 pilot projects and more than 25 fellowships and scholarships.

In addition to conducting research, HOT NORTH hosts a series of regional teaching workshops across northern Australia. The teaching workshops bring HOT NORTH's researchers together with local health professionals to share their knowledge and expertise.

Health workers benefit from hearing the latest findings and advancements in health practice while researchers glean insights into the important issues affecting local populations on the ground.

"There's no better place to be than the north if you want to do tropical research and HOT NORTH is helping high-quality medical scientists and clinicians feel part of a broader movement in the north of Australia," Prof Currie said.

"By bringing expert institutions together we are helping to build a community of medical researchers and clinicians focussed on northern Australia's critical health issues."

Based at Menzies, HOT NORTH utilises a strong collaborative approach between researchers and community, drawing on the expertise

of research professionals from eight of Australia's leading research organisations:

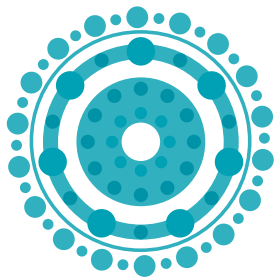
- Menzies School of Health Research
- James Cook University
- Telethon Kids Institute
- Marie Bashir Institute & The University of Sydney
- Doherty Institute & The University of Melbourne
- South Australian Health and Medical Research Institute
- QIMR Berghofer Medical Research Institute
- Burnet Institute

"By bringing expert institutions together we are helping to build a community of medical researchers and clinicians focussed on northern Australia's critical health issues," Prof Currie said.

To read more about HOT NORTH visit: www.menzies.edu.au/HOTNORTH ●



Photo: Steve Batten.



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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.