

issue 106 | winter/dry season 2017





CRANA *plus* magazine

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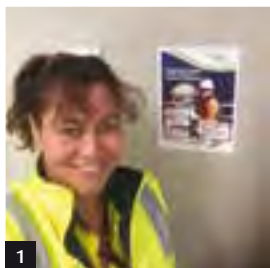
the voice of remote health



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

support	52	
educate	60	
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recruitment poster competition



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1. Katherine Ranga (Roy Hill Mine). 2. Balpalwanga Mununggurr (Laynhapuy Clinic). 3. Dianne Dobson. 4. Cynthia Juanta Avila. 5. Steven Schrieke (Tennant Creek Ambulance Service). 6. Bawapuy Gumana (Gangan Clinic). 7. Laurinne Campbell. 8. Don Blackman. 9. Yali Mununggurr (Dhalinybuy Clinic). 10. Jane Ferbrache (Cape Barren Island Aboriginal Association). 11. Andrew Pratt (Royal Flying Doctor Services Queensland).

from the editor

Congratulations to Katherine Ranga, Bawapuy Gumana and Jane Feberache who have won a full registration package to attend our Conference in Broome in October. Many thanks to those of you who sent a 'selfie' pictured with our Membership flier: see some of your photos on the opposite page.

Congratulations too to those members who took out annual nursing and midwifery awards this year (pages 11-13).

You'll find an international flavour in this offering of winter reading.

Our cover story features RAN Freedom Zulu who found his remote nursing background in his native Zimbabwe was great preparation for remote Australia. The Glasby family – siblings who are RANs and their nursing partners – share insights into their inspirational project in Afar Ethiopia.

Long-time member Sue-Ellen Kovack is known to many in remote health through her work as a RAN in the top end, the International Red Cross and clinics across Australia. Sue-Ellen has taken up the role as Professional Nursing Officer at the United Nations in New York and tells us what that entails.

Closer to home we hear from members in rural Victoria, Cape Barren Island and the Torres Strait and why they love where they work and the lifestyle it offers. Those new to remote share their stories too about how their remote experience has set a path for their future direction.

In our regular segments in the Magazine, CRANAplus Bush Support Services reports on the success of their recent *Collaborative, Engaged and Connected Workplaces* Symposium held in Darwin. And Professional Services outlines their latest resources including the Safety & Security Guidelines, RAN Certification and the Remote Management Program.

In addition, you'll find information about the latest free resources available from a range of organisations, national conferences and employment opportunities.

Something for everyone. Make a coffee, pull up a chair and enjoy!

Anne-Marie Borchers
Manager Communications and Marketing
CRANAplus

CRANAplus
improving
remote health



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

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

About the Cover: Clinical Nurse Freedom Zulu talks about the similarities in his remote area work in Zimbabwe and Australia. Read article on page 18.



from the ceo



Dear CRANApplus Members and Stakeholders,

Welcome to the Winter/Dry Season edition of the CRANApplus Magazine, your storehouse for all things relating to remote health. Here you will catch up on all the work done at CRANApplus over the past financial year, including the Safety and Security project, the workplace symposium and the Rural Nursing project.

The Safety and Security Guidelines for Remote and Isolated Health are an important step in the ongoing journey to improve the safety and security of the workforce that provides healthcare to our remote and isolated communities. It's important that these guidelines are used as part of the process to review and improve internal policies, procedures, training and behaviours.

The guidelines and other resources were developed with funding from the Commonwealth Department of Health. They follow an extensive national industry-wide conversation, a reviewing of available literature and the input of a diverse, national expert advisory group. Our challenge now is how do we continue the momentum and ensure that suitable, affordable, accessible orientation and training is available for all of our remote health colleagues?

The newly-revised CRANApplus strategic plan helps to keep our energies focussed on the future while keeping our members needs met. We have some exciting new initiatives proposed for the coming year, which I look forward to discussing as the year progresses.

Our annual Conference is a fundamental part of the remote health calendar and the 2017 Broome Conference on the 18–20 October 2017 is shaping up to be a weighty event. I hope many of you can attend as the line-up of speakers is impressive, and, of course, it's an opportunity to soak up the weather, lifestyle and culture of far north WA.

Excitingly we are already planning for our next Conference, to be held in Cairns on the 20–22 September 2018, which will coexist with an International Conference for Rural & Remote Nurses & Midwives. We envisage this will be our biggest Conference ever and will draw rural and remote clinicians from across the globe.

Cheers

Christopher Cliffe
CEO, CRANApplus



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

STRATEGIC PLAN 2017 - 2020



OUR VISION

To be the leading experts in remote and isolated health.

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.

OUR VALUES

- Integrity •
- Social Justice •
- Excellence in all we do •
- Respect •
- Inclusiveness •

- Memberships
- Short Courses
- Conferences
- Online Learning
- Bush Support
- Scholarships
- Website
- Professional Marketing
- Advocacy
- Magazines
- Cultural Respect
- Research
- Consultancies
- Advertising
- Position Statements
- Registered Training Organisation
- RAN Certification
- Clinical Governance
- Aurora Award
- Professional Coaching
- Fellowships

OUR STRATEGIC PRIORITIES

- 1 To execute our purpose and vision**
 - Evaluate and monitor our impact
 - Future proof the remote health industry
 - Create opportunities for revenue diversification
- 2 To bolster our impact, influence and partnerships**
 - Strengthen the evidence for remote practice
 - Confront racism and discrimination
 - Spread our international reach and impact
- 3 To contribute to reducing remote and isolated health disparity**
 - Focus attention on the social determinants of health
 - Tackle the impact of climate change on remote Australians
 - Highlight disease burdens in a targeted way
- 4 To strengthen the remote and isolated health workforce**
 - Embed workforce safety and security
 - Improve the clinical governance in remote practice
 - Heighten the standards of remote clinical practice
 - Ensure access to quality education and support
- 5 Through targeted support, workforce readiness and in everything that we do, we contribute to improving the health and wellbeing of Aboriginal and Torres Strait Islander people who live in remote and rural Australia.**

Using evidence and a quality improvement framework we ensure our limited resources best meet the needs of the remote health workforce. Aspiring to be culturally safe helps us eradicate discrimination and seek greater empowerment of Aboriginal and Torres Strait Islander people. Applying our resources, expertise and voice, continues to drive advancements in accessible, affordable and appropriate remote and isolated healthcare.

CRANApplus is playing its part in the fight to eradicate the unacceptable health disparity between remote and urban Australians.



Photo: Glenda Gleeson.

engage

securing a safe future

These last few months have seen some significant milestones met in the CRANaplus agenda. The launch of the Safety and Security Guidelines, the Rural Nursing Project and the CRANaplus Strategic Plan.

The impact of the Safety and Security Guidelines will only be felt when they are used to improve the policies, procedures, training and behaviours within our industry. Unfortunately in some remote locations there is still much work to do to improve the environment and the policy/protocol base to support the wellbeing of the workforce.

The project to better engage and meet the needs of our Rural Nursing colleagues has been an interesting exercise and although progress is slow it remains an important area of work. A large number of our members are rural nurses, while many Remote Area Nurses and Midwives call country towns home, its appropriate for CRANaplus to support this essential workforce pipeline.



Photo: Steve Batten.

I would like to congratulate the Board on responding to the feedback from our membership base to progress a new three-year strategy for the organisation. The five key areas are all in keeping with our aspiration and intent. This plan sets out how we continue to do what we already do, but also areas where the board wants greater focus and attention over the coming years. Check out the one-page summary on page 3 for the highlights.

Recently I attended the bi-annual National Rural Health Alliance Conference in Cairns. It was great to catch up with colleagues and services from around the nation. It was truly humbling to hear what a great job CRANaplus is doing for the workforce out there and also to have an opportunity to promote our products across the health industry.

Each Conference produces a list of recommendations which are then presented to the Minister. Among those recommendations was the call to

the Australian Commission on Safety and Quality in Healthcare, for the funding and development of National Standards for Remote Health Worker Safety and Security.



In 2012 at the official opening of the Cairns office, then President Christopher Cliffe offered the Health Minister an insight into the needs of the remote health sector and the range of services and work of CRANaplus. Now five years later you will be pleased to know that office is thriving with activity and has become a welcoming touch base for members and interested parties, whether passing through Cairns on their way further north for remote work stints or just a bit of rest and recreation in this magnificent part of Australia.

...with the demands of work and a busy life, rest and relaxation time is precious. It was hard fought for in times gone by, so I recommend reflecting on that which is available to you and making best use of it.

Speaking of which, with the demands of work and a busy life, rest and relaxation time is precious. It was hard fought for in times gone by, so I recommend reflecting on that which is available to you and making best use of it.

**Paul Stephenson
Chair, CRANaplus Board of Directors ●**

green to be seen

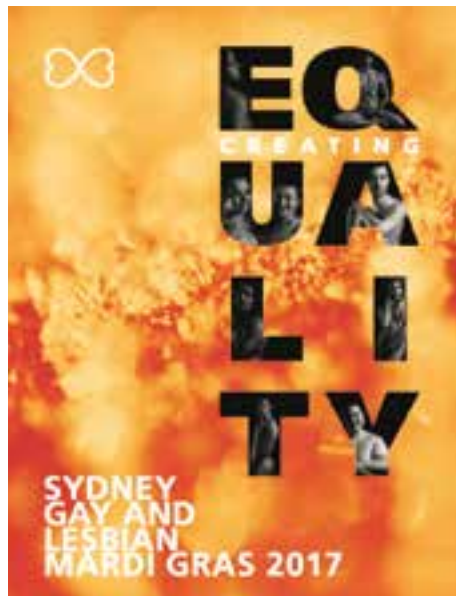
The CRANaplus contingent, in bright-green t-shirts, made a striking first-time appearance in the Sydney Gay and Lesbian Mardi Gras earlier this year. The crowd was clearly thrilled that Remote Health Professionals took the time to support diversity, said Lyn Byers, a Remote Area Nurse based in Alice Springs.

I was utterly blown away by the friendly crowd, the insightful and entertaining commentary, the quality of the floats, but most of all the diversity of those marching. Participating in the event, watching the parade and talking to those around me, the warm and positive atmosphere made me proud to be a part of it.

More than 180 groups marched and travelled on floats along the parade route.

I was utterly blown away by the friendly crowd, the insightful and entertaining commentary, the quality of the floats, but most of all the diversity of those marching.

The parade opened with a First Nations float; the business world was well represented with Qantas, ANZ bank and Holden's six rainbow-coloured utes; and politicians marched under the Liberal, Labor, Green and Australian Sex party banners. The public service was represented with police contingents from NSW, Victoria and the Australian Federal Police; and the NSW rural fire brigade, the Defence Force and the Department of Foreign Affairs & Trade had a strong presence. Then came the scouts, the academics, two floats from the Uniting Church and lots of interest groups.



Doctors and dentists shared a float and Headspace and other mental health services, NTAIDS and the NSW Aids Council, People with Disability Australia and ASLAN were all represented.

I was surprised to see many people from other countries marching in support of diversity and it reminded me of how multicultural Australia is.

There was a group of Dutch Australian's in orange t-shirts, Scottish Australians in kilts playing bagpipes, Scandinavians and a group from Slovenia celebrating the passing of marriage equality laws in Slovenia on 1 March 2017, as well as several floats from the Oceania region.

Many groups marched in support of family members and friends and it was wonderful to see the different playgroups, family support groups and Rainbow families represented.

As a straight CRANaplus member, I was proud to wear my green t-shirt alongside my LGBTIQ friends. ●

There is still a long way to go before diversity is accepted and celebrated across Australia. The discrimination and stigma about being sexually or gender diverse still creates an environment that causes huge stress, even suicide and has a negative impact on the health of this part of our society. The debate over marriage equality in Australia is raising our collective consciousness, and it's clear to me now that we can all contribute in our different ways to celebrating diversity and reducing stigma and discrimination.

marriage equality – a public health issue



The Federal AMA released its new Position Statement on Marriage Equality in May after a long period of consideration and development. Former AMA President and marriage equality advocate, Professor Kerryn Phelps, started the process with the

AMA Federal Council back in 2002.

Our processes accelerated in recent times to reflect the community debate and to give voice to the concerns of many of the medical profession about the health impacts of discrimination against LGBTIQ people.

We have long recognised the mental health anguish of a lot of people questioning their sexuality, but our Statement is also a statement on the physical health impacts of discrimination. It encompasses things like alcohol and drug abuse, bullying, intimidation, physical violence, and suicide.

Our new policy is a move that is very important to a lot of our members.

Too often in our hospitals we have situations where someone's loved one, their partner in life, is not able to exercise a decision on their behalf – whether that's an end of life decision or whether it's a decision on a treatment plan for a patient who has impaired competence to make that decision.

We see this as a public health issue, and marriage equality can help address the health impacts of one of the few remaining forms of discrimination in our society.

Our new policy is a move that is very important to a lot of our members. While our Statement extends to the broader community, the AMA is also talking to people in the medical and health professions.

There are many doctors and other health workers who identify as gay or lesbian, and we want to recognise and support them too.

The AMA has looked at the health evidence. We see the harms that are brought upon our colleagues and our patients every day. We think it's time to move forward.

We have long recognised the mental health anguish of a lot of people questioning their sexuality, but our Statement is also a statement on the physical health impacts of discrimination.

Our overarching message is that this is a public health issue. It is clear that there are health effects of discrimination, and specifically this form is one of the final pieces of discrimination that exists against gay and lesbian people.

We think it's time for the Parliament to act, for them to put aside their differences, because the greatest chance of success is if there is a bipartisan approach.

The AMA Position Statement is built on evidence of the health impacts of discrimination, and is fully referenced. You can read it here: <https://ama.com.au/position-statement/marriage-equality-2017>

Dr Michael Gannon
AMA President ●

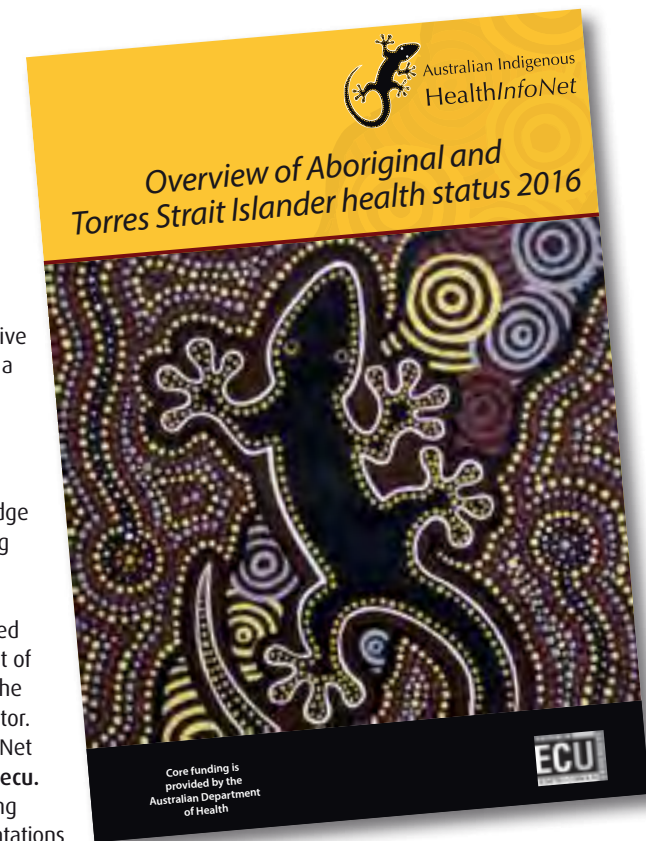
now available!

The Australian Indigenous HealthInfoNet's flagship publication, the *Overview of Aboriginal and Torres Strait Islander health status 2016*, was launched online in March 2017.

The *Overview* provides a comprehensive review of recent key indicators across a range of health topics relating to the health of Aboriginal and Torres Strait Islander people. The *Overview* is a key element of the HealthInfoNet's commitment to collaborative knowledge exchange, which contributes to closing the gap in health between Aboriginal and Torres Strait Islander people and other Australians. This edition, prepared by HealthInfoNet research staff, is part of their ongoing support for workers in the Aboriginal and Torres Strait health sector. It is freely available on the HealthInfoNet web resource at www.healthinfonet.ecu.edu.au/health-facts/overviews, along with downloadable PowerPoint presentations of key facts, tables, and figures.

It is timely and important to highlight the contribution of healing workers and organisations and their support for people, families and communities impacted by the Stolen Generations.

The *Overview* draws from the most up-to-date, authoritative sources and undertakes some special analyses. Initial sections provide information about the context of Aboriginal and Torres Strait health, population, and measures of population health status.



Subsequent sections cover selected health conditions (chronic conditions, communicable diseases and risk factors) and provide an introduction to the condition, evidence regarding the current burden of the condition, and state and territory demographic information for sex, age and remoteness when available.

This edition of the *Overview* includes a featured section on Healing, as 2017 will be the 20th anniversary of the *Bringing Them Home Report*. It is timely and important to highlight the contribution of healing workers and organisations and their support for people, families and communities impacted by the Stolen Generations. A section on environmental health has also been included due to its impact on health outcomes and links to the social determinants of health. ►►



L-R: Associate Professor Ted Wilkes (NDRI) receives a copy of the 2016 Overview from HealthInfoNet Senior Research Fellow Dr Mick Adams.

►► The health of Aboriginal and Torres Strait Islander people continues to improve slowly and the *Overview* highlights some noticeable and measurable improvements, including:

- A decline in death rates.
- A significant closing of the gap in death rates between Aboriginal and Torres Strait Islander and non-Indigenous people.
- A significant decline in infant mortality rates.
- Improvements in a number of areas contributing to health status such as a decrease in the proportion of Aboriginal and Torres Strait Islander mothers who smoked during pregnancy and a slight decrease in the proportion of low birth weight babies born to Aboriginal and Torres Strait Islander mothers between 2004 and 2014.
- A 26% decline in age-standardised death rates for respiratory disease over the period 1998-2012.

HealthInfoNet Director, Professor Neil Drew says "The *Overview* is our flagship publication and has proved to be a valuable resource for a very wide range of health professionals, policy makers and others working in the Aboriginal and Torres Strait Islander health sector. The *Overview* provides an accurate, evidence-based summary of many health conditions in a form that makes it easy for time poor professionals to keep up to date with the current health status of Aboriginal and Torres Strait Islander people throughout Australia. We have a greater focus on strengths based approaches which you will see in our introduction".

The *Overview* provides an accurate, evidence-based summary of many health conditions in a form that makes it easy for time poor professionals to keep up to date with the current health status of Aboriginal and Torres Strait Islander people throughout Australia.

The HealthInfoNet, now in its 19th year, is an extensive Internet resource at www.healthinfonet.ecu.edu.au that informs practice and policy in Aboriginal and Torres Strait Islander health by making up to date research and other knowledge readily accessible via any platform. In this way, the HealthInfoNet contributes to closing the gap in health between Aboriginal and Torres Strait Islander peoples and other Australians. Working in the area of translational research with a population health focus, the HealthInfoNet makes research and other information freely available in a form that has immediate, practical utility for practitioners and policy-makers in the area of Aboriginal and Torres Strait Islander health, enabling them to make decisions based on the best available evidence. ●

nursing and midwifery awards

2017 Northern Territory Nursing and Midwifery Excellence Awards

Excellence in Remote Health Nursing and or Midwifery Award Recipient – Stuart Mobsby

Stuart is an outstanding Remote Area Nurse well respected by his peers and other colleagues. He has a Master of Nursing (Nurse Practitioner) from Charles Darwin University and a Master of Remote and Indigenous Health from Flinders University.

Stuart has demonstrated excellence in coordinating the chronic diseases program at Jabiru Health Service. His knowledge, ability to

engage clients and high level communication skills allow him to excel at providing chronic disease management education to clients and their families, and colleagues within the multidisciplinary team.

He mentors remote health professionals and teaches Remote Area Nurses at the Centre for Remote Health in Alice Springs, and Nurse Practitioner candidates at Charles Darwin University.

He is a strong advocate for Nurse Practitioners and promoting their role in filling identified gaps in health care services in the Northern Territory. He spoke at the 11th conference of the Australian College of Nurse Practitioners on the challenges of developing new Nurse Practitioner roles in Primary Health Care, which is something he is truly passionate about. ►►



L-R: Paul Stephenson, CRANaplus Chair; Heather Keighley, Acting Chief Nursing and Midwifery Officer, NT Department of Health; Stuart Mobsby and Tanja Hirvonen, Centre for Remote Health.

ACM Annual Award 2017

Rosie Downing

Rosie is a passionate, humble midwife who goes over and above in her care of women. She has demonstrated a serious commitment to improving outcomes for indigenous women and their families for most of her Midwifery career.

Rosie has a strong commitment to growing the Indigenous workforce to be increasingly a part of maternity care. She makes every opportunity possible to involve Indigenous staff in education and have a significant role of caring for women.

“It was such an inspiring and lovely night, and so wonderful to be able to mingle with midwives from around the country, while representing remote central Australia and remote midwifery practice. I feel so grateful to work in the job that I do – we have a wonderfully supportive and dedicated team who work together to provide the best maternity care we can across the centre. It’s hard to put into words the gratitude I feel working within the community – these women and their families teach me something every day through their strength, generosity, patience, courage, kindness and love. I feel incredibly honoured and humbled to have been nominated for doing a job I love so much.”



L-R: Rosie Downing and Rae Carroll.

The ACM Awards aim to recognise and honour outstanding midwives and midwifery practice across a variety of categories and with a range of both peer and self-nominated Awards.

National Nursing & Midwifery Awards

Nurse or Midwife of the Year – Sarah Brown, Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation (Western Desert Dialysis) Gillen, NT



Sarah Brown.

Sarah was recognised for establishing the Alice Springs-based Western Desert Dialysis to provide social support services, allied health and ‘on-country’ dialysis services for Aboriginal people experiencing kidney disease.

Drawing on her experience as a remote area nurse and educator for Aboriginal Health Practitioners, Sarah worked closely with leaders from Pintupi Luritja communities to establish Western Desert Dialysis, ensuring all the services provided are culturally appropriate.

Sarah’s outstanding leadership led to the expansion of Western Desert Dialysis’ services to nine remote communities throughout the Northern Territory and Western Australia.

“The services we provide, mean that people can live in their remote communities and receive dialysis treatment on-country. They live longer, have a better quality of life and an opportunity to pass on their heritage and cultural knowledge to their children and grandchildren,” said Sarah.

Sarah said the prize money will help fund services which will enable patients to be treated in South Australia.

“We’re working really hard to fundraise to build our first South Australian dialysis service, in the Pukatja community. This money will assist us in employing nurses to help set this up.” ●



Photo: Di Holley.



Don't miss this major opportunity to

CONNECT & SHARE

Since 1982 the annual CRANaplus conference has created major opportunities for like-minded remote and isolated health individuals to network, connect and share.

It serves as both a professional and social resource for the Remote and Isolated Health Workforce of Australia.



Keynote Speakers for 2017



Dr Keith Suter

Michelle 'Shellie' Morris

Professor Sue Kildea

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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.

maningrida to manhattan

Registered Nurse Sue-Ellen Kovack left her nomadic lifestyle as a remote area nurse in Australia for the Big Apple in November 2016. As she says, she went 'from one extreme (in so many ways), to another.' Here's her story.

from Lokichogio in Kenya, on the Sudanese border. That was just the start.

"It sounded fascinating, and they needed theatre nurses," Sue-Ellen says. This was long before South Sudan became a country. ▶▶

Canadian-born Sue-Ellen Kovack moved to Australia 25 years ago, continuing her nursing career in operating-theatre work. Little did she realise the dramatic turns her life would take.

A few years later, Sue-Ellen was introduced to the International Committee of the Red Cross (ICRC) by friends who had just returned



Right: The Hon. Michael Kirby congratulates Sue-Ellen on her appointment.

Below: CRANaplus CEO Chris Cliffe (right) took the opportunity to catch up with Australian RAN Michael Jenkins and Sue-Ellen and 'fly the flag'.



▶▶ “I loved the work, the contacts I was making, and was thrilled, in my own small way to be making a difference in the world.

“Then I was off to Freetown, in Sierra Leone, from 2001–2002 working with the ICRC again. I worked on rehabilitating the operating theatre after it was decimated in the 1999 rebel attacks.”

Back in Australia, Sue-Ellen commenced a Masters of Public Health (MPH) at James Cook University where she met Christopher Cliffe, then Nursing Director for Top End Remote Health in the NT, now our CEO, who invited her to apply for the remote nursing orientation program.



“I had no idea what I was getting into,” she says. “I just knew that change was in order.”

Sue-Ellen moved to Maningrida in 2005 where she spent seven years, continuing to hone her RAN skills. “I learned all my remote skills from my mentor, Michael Jenkins, who happens to be my current first reporting officer,” she says.

“From there it was casual work for a few years working remote regions in Tasmania, Torres Strait and the Cape, Western Australia and a few stints in the Cocos-Keeling Islands.”

Then came the call out for nurses to work in the Ebola epidemic in mid-2014.

“Yes, I wanted to go and I thought my knowledge of infection control, viral haemorrhagic diseases would be useful.” (Sue-Ellen had Lassa Fever in her previous trip to Sierra Leone, and studied this fascinating disease whilst doing her Masters.)

With that previous mission to Sierra Leone under her belt, Sue-Ellen says she knew the struggle ahead would be long and devastating. “I wanted to help, and at that time no one was really putting up their hands to go,” she points out.

CRANaplus members will recall our conference in 2014 when Sue-Ellen, on her return from her humanitarian mission to Sierra Leone, spoke via video about her work with patients in the Kenema Ebola Treatment centre.

After 25 years in Australia, Sue-Ellen saw an ad in the CRANaplus Magazine for a job in New York. “I was ready to live and work closer to home and I knew that was the job I wanted,” she says.

Left: Michael’s CRH Award is proudly displayed in his office in the UN.

Right: My office overlooks New York’s East River.



“My role as a Professional Nursing Officer for the United Nations began in November 2016.

We work to prepare people for travel to 192 countries: which vaccinations are needed, what outbreaks are currently happening, how best to take care of their health while away. We are an occupational health clinic, involved in doing various assessments including ergonomic and environmental assessments, health promotion, and keeping people safe while traveling is a big part of this profession. We also are on emergency stand-by for any critical health incidents and are currently redoing our emergency room so utilizing my skills from remote health as well. I am preparing monthly educational sessions for the staff, and my work as a facilitator on the Remote Emergency Care courses has been invaluable.”

Sue-Ellen has commenced French lessons twice a week, and has taken a couple of courses on management skills, one of them being competency-based interview skills.

“I travelled to Haiti this year to take part in a health risk analysis trip. It was wonderful to be back in the field again,” she says.

We are an occupational health clinic, involved in doing various assessments including ergonomic and environmental assessments, health promotion, and keeping people safe while traveling is a big part of this profession.

But it’s not all work. Sue-Ellen reports she has also experienced Broadway shows, comedy clubs, Yankees games, jazz bars, hidden speakeasies, fabulous wine bars, organic farmers markets, retro diners and famous restaurants like the Russian Tea Room and Grand Central oyster bar and Katz’s Deli (I’ll have what she’s having).

“I have also been lucky enough to see Ricky Gervais, Louis CK, Jerry Seinfeld, Stephen Colbert, and Barbra Streisand live,” she says.

“I ♥ New York.” ●

prepared for the challenges

A nursing background in trauma management, and working for 16 years in a remote hospital in his home land, Zimbabwe, prepared Freedom Zulu well for the challenges of working in Pormpuraaw Primary Healthcare Centre on the western side of Cape York Peninsula.

"I have had a colourful and stimulating career up here which other nurses probably could only dream of," he says.

"The clinic has a steady flow of outpatients. But the situation can change dramatically within a blink of an eye and I have managed many a life-threatening, trauma-related emergency that has arisen suddenly.

"Here in Pormpuraaw, I have experienced extreme situations in nursing care which have tested my psychological strength to the limit. But due to my past experience, I was able to overcome and cope with the stresses and the emotional impact of the situations I have faced."

Now in his fourth year at Pormpuraaw, Freedom says he has blended well into the community. "I have created an inseparable rapport with local residents who trust me and now consider me part of the community of Pormpuraaw," he says.

Freedom, who has qualifications in midwifery and anaesthetics, initially responded to Australia's call for experienced nurses during a period of high demand in 2007. After a couple of years in Cairns, Freedom's desire for stimulation prompted him to explore opportunities in remote nursing work.

His past experience a major advantage, Freedom was appointed a clinical nurse at Pormpuraaw and he says that he continues to enjoy his time in Pormpuraaw, thanks to the support he receives from management, his fellow colleagues and the community at large.



Freedom likes the working environment which allows him to engage with patients daily in the community, doing follow up visits including insulin and medication administration.

"My personal achievements include completion of X-ray and trauma courses," he says. "I find these courses useful in my remote setting as they have equipped me with the extra skills required in the execution of my day-to-day duties.

"As part of my portfolio, I also manage sexual health screening. The most challenging part of this is to control the scourge of sexually transmittable diseases. As a clinical team, we try very hard to educate and screen the community to reduce rates of transmission despite the challenges posed by the vicious cycle of re-infection."

Pormpuraaw is the epitome of beauty on western Cape York, says Freedom, with paved roads, beautiful beaches and fishing spots available all year round.

"After hours, I enjoy recreational activities and like going to the sports club, where I like playing pool.

"Pormpuraaw has become my home away from home." ●



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Work. Life. Choice.

having a whale of a time

CEO of Heywood Rural Health, Jackie Kelly, swaps big city living for life on the beach.

From South Yarra, Melbourne, to 30 hectares by the sea with two horses, three dogs, two cats, three calves, five lambs, chickens, and one donkey later, here I am. Narrawong: population 176, right on the rugged coast of South West Victoria.

From fighting the traffic on Hoddle Street to watching wedge tail eagles fly, dodging wallabies and koalas. Sipping lattes and shopping on a Saturday morning, to gumboots and mud, being zapped by electric fences, running after pigs and living with snakes and other creepy crawlies. Now I ride my horse, riding along the beach, watching Southern Right Whales swim with their calves, right there on the shoreline. I wouldn't change a thing.

Now I ride my horse, riding along the beach, watching Southern Right Whales swim with their calves, right there on the shoreline. I wouldn't change a thing.

In my previous role I worked as a senior executive in a large health organisation for 11 years and it was during this time that I realised the importance of Community Health, health prevention, and health promotion from a person centred approach to care delivery. I also realised the importance of values in action that every interaction we have on a daily basis with the people we support needs to be about caring, respect responsiveness and integrity. When the opportunity arose to work at Heywood Rural Health, I jumped in – gumboots first.



Small Rural Health Services are unique. They are a little bit of everything to everybody, all the time. Everything we do and try to achieve takes time.

We look at the lists of things we have to achieve and wonder how? But when I look at what we have completed and achieved over the last two years, it really has been extraordinary.

There are never enough of us to get everything done on time and we have to wear so many different hats on a daily basis. But this is also what makes Small Rural Health Services great.

We are a community, a part of the community and we work for our Community, and with the people who live in this community.

As the biggest employer for the area we are proud to be able to support staff, and students to realise their ambitions and also to support people to transition to other professions.

City shopping, sipping lattes, funky cafes, theatre shows: they are all nice, for a visit. I wouldn't change a thing. ●

first taste of remote nursing: from ICU to ali curung

Self-exposed 'quintessential city slicker' Charlotte Sumskas, a Critical Care Registered Nurse, recently went bush for a remote clinical placement. These are her thoughts, penned in the midst of her jam-packed experience.

This two-week placement is the first time in my career I've ventured outside the Intensive Care facilities within an inner-city tertiary public hospital. So far, it's been many things... eye opening, tiring, confronting and challenging – but most of all a very positive, exciting and humbling experience.

I've had a long buried passion of Rural/Remote nursing. So here I am. I signed up for the TRAN course last year knowing absolutely nothing about Remote Nursing... and I just loved it! I am now half way through the Postgrad Certificate in Remote Health Practice – and this two-week clinical placement is my first ever time working remote.

I find the job of a Remote Area Nurse (RAN) very daunting. The vast and complex role, and the responsibility has felt almost overwhelming at times. Coming from ICU, where there are very senior and experienced doctors and staff around every corner at all times, I suddenly felt very exposed and liable. But I also felt excited. My nursing scope of practice just suddenly opened up... because I couldn't just get the doctor to review something or simply call the specialist or just handball to someone else. Because there really wasn't anyone else. It was just us. A small group of nurses all working independently, but together at the same time. It's wonderful.

I haven't felt as lonely as I thought I might, I also don't have as much free time as I thought I would: with shifts running over time and call outs after hours, life is pretty jam packed. My down time is filled with studying, reading, walking, reflection,

cooking and having meaningful conversations with my loved ones. It's actually really lovely to be away and totally on my own for the first time ever.

A RAN is not only a nurse, but a paramedic, GP, pharmacist, counsellor, friend, vet, cleaner and much, much more. The care ranges from antenatal through to elderly patients and palliative care. On my first solo shift, I had an antenatal check, baby vaccinations, complex wound dressings, many chronic disease issues, acute pain, skin infections and child health checks. The RAN really does have to be a jack of all trades.

I have found some days confronting. Especially when it comes to the children. The amount of skin infections and head lice and sores within the community is quite astounding. I hated having to give IM injections to little kids and causing them pain for a problem that is so easily preventable. I tried to remain non-judgmental and instead just attempted to educate and emphasise the importance of washing and cleanliness as much as I could, hoping I would at least get through to someone and make even the smallest difference.

I assisted with one road evacuation and one air evacuation – and it was very impressive. Witnessing how things happen out here, how the logistics are worked out when flying someone out and how much thought has to go into these events. But it operated like a well-oiled machine. Everyone knew their role and just worked together. The air evacuation was especially memorable – something about being in the absolute middle of nowhere, in the dead of the night, standing on a red dust airstrip and watching the patient being whisked off for the specialist treatments that she needed. That point was when I realised just how special it is to be a RAN. It is these dedicated people, working



around the clock, in the country's most remote locations that are the reason these communities have the access to the healthcare that they do. And it was a pretty nice feeling to be a part of it.

I learnt an enormous amount during my two week at Ali Curung. By far the most important thing I learnt has been: that after eight years of nursing... I still have so much more to learn! ●

Footnote: Charlotte has signed up for the N3 Primary Health Care program through the NT this June.

a life-changer

The opening of a haemodialysis/chemotherapy service in the Community Wellness Centre adjoining Thursday Island Hospital just over two years ago was a life-changer for Registered Nurse Hape Manaena.

“At the time, I was looking for a more defined career path,” says Hape, who has lived and worked on Thursday Island for the past seven years, mostly at the Thursday Island Hospital, “so I took the opportunity to train in haemodialysis.”

Thursday Island Hospital is a remote facility with 24 beds on the General Ward, which includes a four-bed paediatric bay and two-bed High Dependency Unit. The hospital also has an Emergency Department with a two-bed resuscitation bay, a maternity unit, and an operating theatre.

“As the haemodialysis/chemotherapy service was new to Thursday Island, we had to learn and develop every part of it: from the stores required, to the treatments delivered, to the testing of water,” Hape says. “The delivery of a separate chemotherapy service on our non-dialysis days makes this such an interesting and challenging job.”

Hape trained for his new role in Cairns under the renal and chemotherapy nurse educators and, back in the Thursday Island unit, he was provided with preceptorship and support to make the transition very smooth.

Hape has played many roles at the hospital. He initially started on the General Ward, where the variety of patients included children coming for day surgery to Papua New Guinea patients being treated for a range of ailments. He also worked in the Emergency Department, where the variety ranged from patients with basic coughs and colds to complex medical evacuation cases. He has also worked in Recovery, the GP clinic, and some stints on the outer island primary health care centres.



Hape and Alan Mosby.

“This type of variety makes the job so interesting and challenging,” he says. “You have to develop a variety of skills and the ability to work autonomously. While working in such a diverse range of areas can be challenging, I have always felt supported through training opportunities and personal mentorship.”

“Along with the diversity of nursing work on Thursday Island, living in the Torres Strait at the top of Australia has been a real pleasure,” says Hape.

“Thursday Island is a vibrant community with many activities happening. There always seems to be something on. If you want to get off the island, there are a great number of places to go and activities to do.”

“Many love to fish and dive on the nearby reefs, others love to find a quiet beach and go camping. For me, all of this and the fantastic people is why working on this beautiful island is so special.” ●

adventure in the Kimberleys

Third-year Registered Nursing student Sophie Jones had very little desire to be a RAN – until her adventure in the Kimberleys. It changed her perspective dramatically. Here’s her story.

In January this year, I stepped off the plane in Broome to face a wall of heat and insect noise, a humidity that covered me like a heavy blanket, and an ominous sky overhead. The journey to Derby took me through a bushland I’d never before experienced, the red dirt contrasting against the heavy storm clouds gathering on the horizon. The wet-season rains broke as we entered Derby, and thus began the journey to Camballin/Looma – the final leg of my journey.

My 2400 km adventure from Perth to Looma community was a decision that followed a year of surgery and complications that left me with slowly deteriorating vision in my left eye.

That experience lit a fire in me, making me realise just how much I want to be a nurse. And being a country girl, I think that makes me all the more willing to head out to remote areas for work. The decision to travel independently to work at West Australian Country Health Service (WACHS) Kimberley was a deliberate choice.

I wanted to see the Kimberley region, experience clinic life and see firsthand what our fantastic Remote Area Nurses (RANs) do, without worrying about assignments. I had enjoyed working in the country and rural areas before – but never been so far from home. ▶▶

Below and overleaf: Liveringa Airstrip with a huge storm looming. That day, the roads were sludge, the rain was heavy and the floodwaters were high in the area’s biggest wet season for several years. A young patient has just been evacuated with suspected meningitis. This situation was time critical as the clinic functioned like a well-oiled machine, finding the best way to get this child to a hospital as soon as possible.





» The clinic staff and community welcomed me: nurses, health workers, kids, camp dogs and dingos all wandered in and out of my day, tying in with my previous life as a Veterinary Nurse and making every day interesting. I developed a love for the elderly women at Home & Community Care (HACC), the beautiful babies and gorgeous kids, and the red dirt that gets on and in everything!

I was able to assist with several evacuations including assisting in emergency patients being transferred via ambulance and then the Royal Flying Doctor Service. I was put to the test under the guidance of RANs and faced head-on the challenges that were within my scope. You never know what is going to walk through that door, or who is going to call you in the middle of the night! The diverse issues that hit the clinic on a daily basis range from babies with a cough, to an elderly person with acute chest pain, to accidental injuries and traumas. In my short time in Looma, the Indigenous Health Workers, Wayne, Sarah and Jenny, and RNs Susan and

Taryn, made me feel welcome and at home, and every moment was a learning opportunity. The experience made me really kick my study up a gear as I came to recognise that knowledge could be the difference in helping save a patient's life out there.

I enjoyed driving a 4WD troopy ambulance around the community to do wound/dressings in people's homes. I was totally enthralled by the landscape, where every angle is a panoramic photo opportunity, and also the people; a setting that makes you feel like you're on another planet but, at the same time, feels very much like home.

As a soon-to-be Registered Nurse, I hope that I can follow my passions about healthcare, in particular Indigenous health and chronic disease, specifically coronary disorders. I hope that I have the opportunity to give back to WACHS for their generosity. Many thanks to Monica Frain, Looma Clinic and WACHS Kimberley for allowing me to experience remote area life. ●

in love with alice

After completing a student placement in Central Australia, Registered Nurse Melissa Godden has returned to the Northern Territory to undertake a Graduate Nurse Program at Alice Springs Hospital. She discusses the experience of going to Alice Springs for the first time and now returning to work in the town she fell in love with.

After working in Adelaide as a carer for a number of years, Melissa recognised the need to go further in her career. She felt that she had exhausted the challenges as a carer and while she was passionate about working with people with disabilities, she wanted to experience 'something more'.

In her final year of her nursing degree at Flinders University, Melissa got the opportunity to experience that 'something more' when she received an email inviting expressions of interest from students wishing to undertake an eight-week placement in Alice Springs. She felt ready for the next challenge and submitted an application.

"I was brought up in a small community before moving to Adelaide and I think this helped in my instant love of Alice Springs," she says. "Over the two months that I was here as a student, I got swept up with all that Alice Springs has to offer. I was fascinated by the difference of culture and community in Alice Springs compared to Adelaide. It felt like home. The locals, both Indigenous and non-Indigenous were very friendly. It was not the same as a big city – everyone was so welcoming.

"I really enjoyed my placement at the Alice Springs Hospital which provided me with some valuable learning opportunities. I would get up in the morning excited to go to work."

As well as full-time placement shifts, Melissa was able to join a local netball team, tour local areas of interest such as Uluru and the MacDonnell Ranges, visit the markets every weekend and meet other students on placement as well as locals. She also got the opportunity to spend two weeks in the remote community of Yuelemu.



Melissa Godden with Thorny Devil.

"Yuelemu was a fantastic learning experience that is definitely not available in a text book," she says. "I got the opportunity to practice my acute nursing skills and also to manage chronic conditions and undertake health promotion activities. It was great living and working in the community. I had the unique opportunity to see both acute and primary care and to gain a holistic understanding of the health journey of my clients. When I got back to Adelaide I saw the world in a different way."

But it was the lifestyle that made Melissa return to Alice Springs following graduation, and last month she commenced her graduate program with Alice Springs Hospital. "Alice Springs was my first choice for a graduate program and I was very excited when I was notified that I had been successful," she says. "Now that I am here it's everything I had hoped. The staff is incredibly supportive and I have made some great friends in the graduate group. My aim is to complete my Graduate Certificate in Critical Care after finishing my Graduate program and there is a lot of support here for me to do that. I have never been so happy and I don't really see myself going back to Adelaide. The world is my oyster again."

For information on Nursing and Allied health placements in Central Australia please contact the Centre for Remote Health crh.placements@flinders.edu.au ●



play together, stay together

Mutton birding, Reiki healing and golf: these are just three of the varied activities on truwana/Cape Barren Island that are helping the locals follow their motto of “the community that plays together, stays together”.

truwana/Cape Barren Island was returned to Tasmanian Aborigines in 2005. It is in the Furneaux group of islands off the north-east tip of Tasmania.

“We strive to have a happy, healthy community and continually look for opportunities to encourage our people back to the island to be part of a robust and dynamic community,” says Denise Gardner, from the Cape Barren Island Aboriginal Association Inc.

The population is currently 86, the majority Aboriginal, with access to the island by plane or boat. All supplies are delivered monthly, by barge, while the mail plane delivers three times a week.

“Our organisation runs community housing and provides four Flexible Aged Care packages to 14 clients, as well as Health programs,” says Denise. “Under the Health program, with Manager Jane Ferbrache at the helm, we provide dental, physio, podiatry, hearing, psychologist, exercise, optometrist, diabetes educator and dietician and hairdresser. We also have complimentary therapies such as Reiki healing, Australian bush flower essences and remedial massage.”



The Health program works collaboratively with the Tasmanian Health Service that supports the local clinic with a visiting GP once a fortnight and rotating RNs on a fortnightly roster.

“From late March to early May many Aboriginal residents leave the island to engage in the cultural activity of Mutton birding,” Denise says. “We now have the Truwana Rangers group on the island who are responsible for land management and monitoring of the Ramsar Wetlands located on the south east of the island.

“Through community effort, we have a golf course – an additional way of providing exercise plus social interaction and activity.”

The association is responsible for operating all infrastructure on the island including power, water and road works, says Denise.

A primary/high school which was established over 100 years ago continues to offer education and currently has eight students enrolled. ●



sometimes you just want more

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an extraordinary reflection

By Annie Nichols
BN, Grad Dip Ed, RN, RM, MCHN

The woman rested her forearms on the wooden rail by the entrance to the arena. Her fingers gently played on the soft felt sashes embossed with gold lettering, hanging there; sashes of blue, red and white, denoting status and success in this local world, sashes waiting to be placed around the necks of the 'top of their class' show animals.

Her gaze wandered, her face caressed by a slow, warm breeze.

Fresh hay smells, mingled with warm animal sweat, played around her nostrils.

She unconsciously raised a hand, and brushed away a mischievous wisp of hair tickling her chin.

Close by, a circle of prime Murray Grey cows dawdled around the cattle judge. Their handlers firmly led them by ropes attached to leather head stalls, and they coaxed the cows into the best standing position to show off their breeding potential.

Further afield, a pair of ponies cantered side by side, executing a perfect figure of eight, their immaculate riders sitting as straight as toy soldiers.



The pistol crack of a stock whip, and the hysterical giggles of two teenaged girls momentarily diverted her gaze to the side.

The Jingellic Show was in full swing.

The cattle judge, resplendent in moleskins and 'Akubra', stroked the winning cow on the neck as he draped the blue sash over the ample shoulder. His judging comments were lost in the blur of events as the woman's gaze rose, above the avenue of Plane trees.

Above, to the steep Upper Murray eucalypt hills rising, high, behind the arena.

Higher, to the eagle circling and spiraling, diving and swooping and soaring, and rising again, his wings stretched, tips uplifted, submitting totally to the ever present thermals; an incongruous, inky snippet of ribbon, in a blue, blue sky.

She politely sneezed but her enraptured gaze never faltered.

She was away... away.

Transcending.

Her mind floated her gently on.

Onwards, but back in time.

It was only a few weeks ago, another place, a different place, another space in time.

She remembered that 'Troopie,' slowly bumping and sliding herself, her two colleagues, and the two Elders, out of the Town Camp. Along the way, a group of tall young people with the whitest smiles had lifted their hands in a simultaneous wave, jovially side-stepping off the red dirt road to let them pass.

The women had driven on for miles, through the tropical savannah landscape.

She saw, in her mind's eye, the deep red soils, termite mounds with turreted tops (some with trees growing out of the top), and the



contrasting greens of the Pandanas palms, eucalypts, low shrubbery, and tall spiky grasses.

When finally the 'Troopie' had stopped, the five women, so relieved to be 'there', clambered out. The woman, and her companions, the other two balandas (white people), anticipated, supposedly ready for gathering produce from the land; ready to harvest the crop, so to speak. A short ritual, seeking permission, and giving thanks, had preceded their journey.

The two Elders each carried a medium sized hessian sack, with a noticeable reverence, she reminisced. At the start of the adventure, she had been startled by the distressed cry of one of the Elders, when the woman's colleague had, inadvertently, failed to bring one of the sacks along, and had left it on the ground where it had been unloaded. After having rushed back to retrieve the sack from the ground, and clutching it for a second, tightly to her breast, the Elder had calmed, and rejoined the little group.

And so, armed with two machetes, two tomahawks, water bottles and things, and the two sacks, the group had set off to do the Women's Business.

The woman shifted her stance and subconsciously twisted her left 'RM Williamed' toe gently into the rye and clover there, pointing the leather into the volcanic loam beneath.

"Snake! Yapa!"

A smile played around her lips as she remembered jumping, screaming into the thin wiry clutches of the smaller Elder.

Venturing further into the thick underbrush, the balandas had followed meekly, chopping and digging and rooting into the earth with gusto, obedient, with a joie de vivre, despite the laborious and exhaustive toil.

Chatter and laughter rose above the chopping noises permeating the bush, and the rustles in the undergrowth told of shy unseen creatures scampering to safety!

The women bundled bits of branches and roots and grasses into those sacks, now so inseparable from their owners. Ankle length, brightly colored floral skirts, and loose equally bright singlet tops, clothed the two wiry shadowy forms, brilliant in the tropical steamy green as their slender, strong and feminine feet caressed into their beloved earth. ▶▶



►► “Buffalo there!” one Elder hushed, loudly, her fingers slowly uncurling, palm up, in an indeterminate direction.

“Where on earth!” The woman had thought to herself because nothing could be seen.

However, to the land holders’ experienced eye... the North East Arnhem Land holders’ eye, and the North East Arnhem Land holders’ knowledge of this ancient marvelous land, there was real and imminent danger.

Both Elders had poised, frozen, ten or so meters apart in the bush.

Terrified, hardly breathing, feeling exposed and vulnerable, the balandas copied the stance.

After an eternity, the woman remembered, but which was possibly fifteen minutes, the smaller Elder unobtrusively glanced at her sister’s face and relaxed her limbs, and the group moved on.

“Yow!”

Buffalo, snakes, a crocodile sign on a bridge they had driven over, eagles circling, and spiraling, and watching from the thermals above, special thick Pandanas leaves for the black dye, roots of a Djundum plant dug out from at least twenty centimeters below the solid red ground, to yield the ochre for the baskets and mats.

Red reed roots “for the purple”, they were told.

The impetus and devotion inherent in the business of selecting only the best of their produce here, completely paralleled with the woman’s own knowledge and experience of farming.

The industry of the creation of the colorful woven baskets, and mats, and paintings marketed, and sold to ‘the Canberra people’, and others, contributed to the excitement, the motivation to gather the produce from the land, of those proud women.

Digging, chopping, slashing, steamy tropical heat.

Warm, moist, earthy wafts played around nostrils as muddy hands wiped away irritations across their faces. Middle aged bodies aching, screaming with the physical demands, as the three valiantly and naively tried to exert as much stamina as the experienced Elders.

Persistent flies and mosquitoes.

“Thank God for ‘Bushmans!’”

The woman’s forefinger involuntarily flicked a sticky Murray River fly from her nose!

She hadn’t used a tomahawk since childhood, she reminisced, when she and her brother and sisters had ‘helped’ their father chop the gum suckers at their Daylesford bush block. She remembered years later, her brother teaching her to chop off banana branches with a machete,



when she had stayed at his place in Coffs Harbour just before she married, all those years ago.

“Who’d ever have thought?”

Saturated cotton clothes outlining female bodies, hair lank, plastered to foreheads under floppy hats, dripping, the worst ‘hat hair’ ever! Slippery red striped toes hanging on to plastic clogs.

She had checked out her colleagues’ hair, she remembered. Ah yes! Grey regrowth revealed as hats were slid off, and wet hair was scratched away from scalps. The three colleagues had looked at each other and tittered, giggled helplessly, tearfully, uncontrollably, such exquisite pain, bent double, collapsing, and hugging spasming tums.

So much to comprehend. So much to appreciate.

The profound juxtapositions of Australian farming.

Sweat marks dribbling down trouser thighs, itchy armpits.

This was living.

Toiling, harvesting fruit of the earth. No pretention, only simple, genuine humanness.

How fulfilled she had felt that day.

The woman drew a deep nostalgic breath. One of those really satisfying breaths that sucks the air deep, deep down inside to one’s very soul... and then some.

“Cup of tea, dreamer?” her friend offered.

The woman was resting her hands lightly on the coloured felt sashes hanging on the rail.

Her gaze wandered slowly, nearer.

Directly in front of her, a circle of prime Angus bulls waddled around the cattle judge. The young handlers firmly led them by ropes attached to brass nose rings. The glossy black beasts were coaxed into the best position to show off blue ribbon confirmation.

Yolgnu language used in the text

Balanda – white person

Town Camp – town/community

Yapa – term of endearment meaning sister, or close female friend

Yow – yes

Other language used in the text

Troopie – Toyota Land Cruiser with seats arranged front to back to carry more passengers

RM Williams – RM Williams riding boots

Coloured sashes – felt ribbons to be awarded to winning cattle

Bushmans – a brand of insect repellent.

Akubra – a brand of Australian farm hat ●

This story, *An Extraordinary Reflection*, is a sensitive reflection on a trip organised by Aboriginal Elders to take my two nurse colleagues, and myself, out into the Savannah, to gather ingredients for making dye for the reeds to be made into mats and baskets, and to be then sold to ‘Canberra’. We were all from Victoria on a short work stay in Arnhem Land. We were left with an impossibly amazing memory of the day, which forever changed ourselves.

barefoot initiative

by Lexie Keneally

I have found there is a common link throughout most health care professionals, especially those who feel drawn to working in the rural and remote context. There is a passion for working with and supporting marginalised communities whilst advocating for change. I always envisaged my nursing career to be both in the remote Australian context and internationally within the community development context. That is why I became involved with *Barefoot Initiative*.

Barefoot Initiative

Barefoot Initiative was founded in 2004 and has been working in the remote Afar region of Ethiopia assisting with community lead development projects. The founders themselves were three, optimistic, Adelaide hills based young people who were passionate about humanitarian issues and had a desire to give back to their global community.

After completing year 12, Co-Founder, Kyra Marwaha, travelled for a year through Ethiopia, the Middle East and Asia. Her time was spent working as a volunteer in a variety of settings,



Aysa weaves a traditional Afar basket, used to collect milk from goats, cows and camels.



Fatima the first student in the Student Scholarship Program to Graduate, she was also the first female.

which included living and working in a remote Afar village in Ethiopia. Kyra was deeply moved by the difficulties the Afar people faced daily, she was determined to return to Australia and study nursing, with the ambition to assist people in developing countries.

It was then that Kyra, her brother Aidan Glasby, and her Husband Sunil Marwaha, collaborated to create *Barefoot Initiative*. Both Aidan and Sunil also continued on to pursue nursing careers working alongside marginalised and remote communities.

Since 2004, *Barefoot Initiative* has continued to work with the Afar people on community lead development projects.

The approach is to listen and support the community members to become their own change makers.

To do this *Barefoot Initiative* provide the community with skills, networking opportunities, training, infrastructure, and finances, which enables them to put their development ideas into action. ▶▶



►► The Afar

The Afar region lies in North Eastern Ethiopia and it is the hottest inhabited place in the world. The Afar people of Ethiopia are nomadic pastoralists. Their livelihood is primarily herding camels, cows and goats. They live a harsh existence faced by constant drought, violent tribal rivalry, and extreme weather conditions.

The Afar has fewer hospitals, schools or social services than almost any other region in Ethiopia. Although under-five mortality rates are declining in general in Ethiopia, in the Afar they are increasing (EDHS 2011).

Afar women are faced with additional difficulties, including female genital cutting (FGC), increased maternal and infant mortality, early marriage, and a significant workload burden.

Barefoot Initiative Projects:

- A medical centre in the community to provide health services, which is now entirely run and supported by the regional government.
- Agriculture farm of approximately 15 hectares (38 acres), providing food and income for the 97 members of the agriculture co-operative and their families and supporting the wider community. Individual garden plot per member equals 1500 square metres (produces 750 kg of corn per year in three crops)
- 47 water carts to lighten the burden of carrying water on the 2 km journey from the river to the home.
- Six students are currently living in Addis Ababa completing their Tertiary education within the health and medical fields. One student graduated with a degree in Clinical Nursing in September 2015. One student recently graduating also with a degree in Clinical Nursing in October 2016.
- A women's co-operative in the community, providing work and income to nine women and their families. ►►

Left: The Community Chief, Hummed Ishka, proudly shows Aidan and Kyra the Award presented to the Agricultural Cooperative by the Regional Government for the best Afar agricultural initiative.

► Education Scholarship Program 2010–current

'Members of the community expressed an interest in further education. In particular, they expressed interest in education in the health sector, where skills gained could be used to improve their village and surrounding communities.'

In 2010, community leaders in Yooren requested that *Barefoot Initiative* support Afar students who had completed high school to study at a tertiary level.

Barefoot Initiative now provides Afar students with the opportunity to pursue tertiary education through their established scholarship program. Females are strongly encouraged to join the program. Due to cultural barriers, it is very difficult to find Afar females who have completed high school, whilst also receiving permission from their families and village leaders to move to the city for study. This is a challenge that *Barefoot Initiative* are committed to working with.

The total number of students sponsored by the project to date is eight, two of whom have

graduated successfully. The remaining six students are studying Nursing and Public Health.

Barefoot Initiative's only female student, Fatuma Mohammed graduated with a degree in Clinical Nursing in September 2015.

For me, supporting the journey of Fatima from beginning of her studies, to her graduation has been monumental. I knew that Fatima was swimming against the current of her culture. She is a female, whose family supported her choice not to marry and complete her tertiary studies. Despite the odds that she was born into, she made a change for her future and that of her community. Fatima is now employed by Rooci Wade, a local Afar run NGO that works to improve the maternal child health in the Afar region.

'Education is the most powerful weapon which you can use to change the world'
– Nelson Mandela

If you are interested in supporting students like Fatima or finding out more about *Barefoot Initiative* please visit: www.barefootinitiative.org or email at ask@barefootinitiative.org
Instagram: [barefootinitiative](https://www.instagram.com/barefootinitiative) ●



Mormina pours hot Afar 'bouna'. Made from boiling the husks of coffee beans with water, milk and salt this unusual drink is welcomed after sweating in the heat of the day.



Amina is a member of the Women's Cooperative, which has helped generate income for the women and their families through a bakery, community shop and sewing skills.

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Working with our many partners, **Abt** implements bold, innovative solutions to improve the lives of the community and deliver valued outcomes for our clients. We provide a comprehensive range of services from policy to service delivery in the public and private sectors contributing to long term benefits for clients and communities.



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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



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



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



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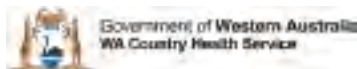
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NT Dept Health – Top End Health Service Primary Health Care Remote Health Branch offers a career pathway in a variety of positions as part of a multi-disciplinary primary healthcare team.



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



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



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



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



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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



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



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



One Disease is a non-government, not-for-profit organisation that aims to eliminate Crusted Scabies from Australia.

Donald A Henderson passed away in 2016. He was not Prince, Lenard Cohen or responsible for "Wham". Instead, Donald A Henderson was responsible for the eradication of Small Pox in 1980. This was the first time in the history of mankind that a disease had disappeared.

Henderson describes the strength of the small pox eradication program as being embedded within existing health service structures and using local resources such as teachers and village elders. He highlighted the importance of setting measurable goals and not simply relying on a medical model when considering future approaches to eradication and/or elimination of disease.

One Disease aims to eliminate Crusted Scabies in the Northern Territory and Australia by providing support and education to local health services and communities. This approach will lead to embedding of systems at the local level to support management of Crusted Scabies for staff and clients.

One Disease respects the role of community control processes and the importance of Indigenous health care being provided in Indigenous hands. One Disease is a strong advocate for indigenous employment and fosters relationships with peak bodies such as AMSANT and Aboriginal Community Controlled Health Services.

One Disease recognises:

- Causal pathway and the link between Crusted Scabies and other chronic diseases such as diabetes and renal disease
- Social determinants of health play a factor, including poor housing and inadequate health hardware facilities
- Multi-faceted approach to systemic changes in the health care system are required to better enable the Crusted Scabies recovery process across primary and acute care
- Promotion of strong partnerships between service providers is crucial for continuity of care

For clinical advice consult the CARPA Standard Treatment Manual 6th Edition or Infectious Diseases specialists at your local hospital.

For information on the One Disease Program in the NT

Visit www.onedisease.org or email us at contact@onedisease.org.



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.



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/>



One Disease is a privately funded non-profit organisation that has a simple but ground-breaking vision: to systematically target and eliminate one disease at a time.

Email: contact@onedisease.org Ph: 02 9240 2366
<http://onedisease.org/>



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 integrated, 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.



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

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



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



Rural Health West is the leading health workforce agency in Western Australia, focused on the attraction and retention of health professionals to rural and remote Western Australian communities. The agency has been in existence for over 25 years, established initially as the Western Australian Centre for Remote and Rural Medicine (WACRRM) in 1989, trading as Rural Health West since 2007. 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 Kalgoorlie in the Great Victoria Desert region of Western Australia.



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



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



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



Photo: Donna Lamb



Photo: Steve Batten.

support

from little things big things grow

CRANaplus Rural and Remote Collaborative, Engaging and Connected Workplaces Symposium

I am delighted to have the opportunity to provide a brief report on the recent CRANaplus Rural and Remote Collaborative, Engaging and Connected Workplaces Symposium, held in Darwin on 25–26 May 2017. The Symposium was extremely well received and gave participants the opportunity to look at alternative, creative ways of dealing with the wicked problem of workplace conflict and bullying.

As I reflect on the Symposium, a number of things in particular stand out for me as significant. The first is the courage shown by all the participants in dealing with the issue of remote and isolated health workplace conflict. An example of this was when a participant told me how she struggled and felt a little defensive during the Symposium presentations when statistics on bullying in the health workforce, and in nursing specifically, were discussed.



No doubt these feelings were shared by all participants. Despite this she was able to identify how this defensiveness is not helpful and has in fact contributed to the chronic and serious nature of the problem.

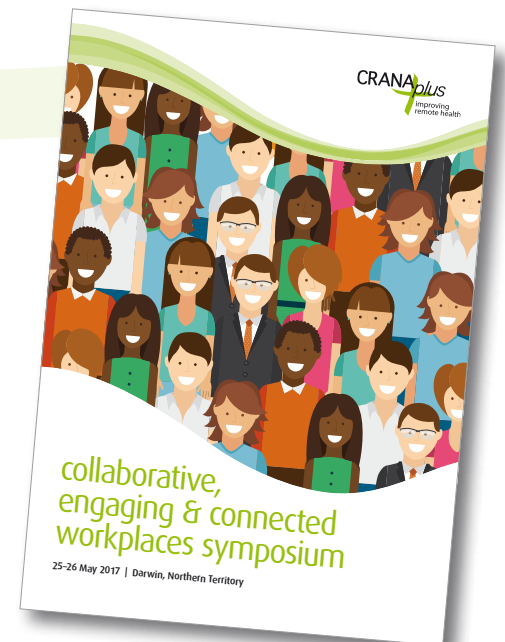
...the possibility of change by translating core values into action, created hope that it is possible to transform workplace culture.

The second significant issue concerns the absolute importance of respect in each and every workplace relationship. The opening address was delivered by Associate Professor Robyn Aitken (pictured left). She identified the core theme of the Symposium when she highlighted the pivotal role small acts of kindness play in changing the climate of workplaces.

Incivility, conflict and bullying were considered, by participants of the Symposium, as being on a continuum. As such, the possibility of change by translating core values into action, created hope that it is possible to transform workplace culture.



The process and outcomes of the CRANaplus Rural and Remote Collaborative, Engaging and Connected Workplaces Symposium are important to the remote and isolated health workforce.



The Symposium will be discussed in more depth in the next edition of the CRANaplus Magazine.

Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●

mindful reflective managers: a way forward for leadership in health

By Dr Annmaree Wilson

There is no doubt that health workplaces have become more stressful. It seems that the ever-increasing demands of administrative tasks, as well as patient care can pose challenges to the personal and professional effectiveness of all health staff. For those in management roles the stress can be particularly felt. Not only are managers expected to stay on top of never-ending policy documents, but are expected to be ever vigilant to the barrage of emails, text messages and phone calls. The climate of economic rationalism expects managers to pull the proverbial 'rabbit out of the hat' and increase productivity in their workplaces with less money.

Given these challenges, remote health workplaces must find ways of sustaining and supporting those in leadership roles. Clearly, effective leadership requires special skills and it is these skills that were explored by participants at the recent CRANApus Bush Support Services' Collaborative Engaged and Connected Workplaces Symposium in Darwin.

The most important set of skills of effective leaders is interpersonal. Good leaders are kind, compassionate and empathic. Moreover, there are certain attitudes that are central to good leadership. These include transparency, emotional balance, open-mindedness, positivity and a relaxed attitude.

The above qualities appear to come naturally to some people. However, it is important to remember that it is possible to cultivate these attitudes through experience and reflection. Regular Mindfulness meditation and reflective practice both offer ways of developing the skill set most seen in inspirational leaders.

Mindfulness, for example, with the aim of focussing attention infuses a relaxed way of being. Learning the art of being in the moment and also being non-judgemental serves to help people regulate emotion. This in turn creates the ideal atmosphere for managers to be balanced, respectful and open with their staff.

Research has shown that regular practice of Mindfulness improves focus and attention. It also assists people to think in less black and white terms and this in turn is helpful in problem-solving. All these qualities of course are desirable in managers of health workplaces.

The regular practice of Mindfulness also supports a reflective way of being. Reflective practice is a way of exploring your own and others work experiences in a way that is emotionally safe and professionally productive. Effective leaders not only encourage their staff to engage in regular reflective practice but do so themselves.

Reflective practice can occur one-to-one or in groups. It can also be equally effective through the use of a structured diary or journal, a fact that is particularly helpful to many RANs working in isolated areas.

In brief, reflective practice asks individuals to look at specific work situations. At the start of the reflection it is important to describe the situation in detail. Exploring the thoughts and feelings that individual's experience are

an important part of the reflective process. Reflecting on issues such as what was your goal, why you responded the way you did, and others understanding of the situation are equally important. Finally, the reflection needs to include some consideration of what you may do differently next time.

Neither Mindfulness or Reflective practice are new ideas. Both are known to most health professionals. It is the prioritising of these practices as necessary and essential to the healthy workplaces that needs to occur. The use of these two practices can make a difference to the emotionally demanding climate of remote health. Both practices help people understand themselves and others better and lead to respectful ways of communicating. ●



the issue of workplace conflict

By Dr Annmaree Wilson

Bullying and workplace conflict is a topic that has been considered before in the CRANaplus Magazine. It continues to be a significant issue and with the CRANaplus Bush Support Services' Collaborative, Engaged and Connected Workplaces Symposium held on 25-26 May, it is timely to revisit some of the factors that need to be considered in addressing this pervasive problem.

The remote health workplace offers a special health workplace. Engaging, meaningful and fulfilling work in a beautiful and totally unique environment are often significant attractions to working remote. However, we also know that people working in all areas of the health industry, and remote health in particular, can experience marginalisation, abuse and harassment at work. The experience of bullying is a complex one and it is important to consider it from multiple perspectives.

Engaging, meaningful and fulfilling work in a beautiful and totally unique environment are often significant attractions to working remote.

In some ways the context of working in health is very similar to the military or police because of historical hierarchical structures. Somewhere in some of those autocratic services being civil and compassionate to those lower down the pecking order has been lost. In remote health where personal and professional isolation is a significant factor the impact of disrespectful and abusive relationships can be psychologically devastating.

One of the features of bullying can be its insidious nature. Often health workers raising the issue of bullying will report being unaware of when it started because the tactics used by the 'bully' are often so subtle.

One of the most obvious is to undermine feelings of competency and professionalism. Others report unpredictable behaviour, colleagues 'running hot and cold' as confusing and anxiety provoking.

The facts are that unskilled managers will sometimes use interpersonal tactics that make others feel insecure and unsafe.

The response is often to try harder, work longer and longer hours in a vain attempt to stop the bullying from occurring. Unfortunately, what we know from research is that the bullying does not tend to stop without an intervention that makes all parties accountable for their actions.

The other side of the bullying coin is the position of the person seen as the bully. Often times, but of course not always, a bully is identified as a line manager who is in a position of power. Many are mortified to be labelled a bully and present as equally dazed and confused when labelled as such.

The facts are that unskilled managers will sometimes use interpersonal tactics that make others feel insecure and unsafe. They may see themselves as having bombastic, 'larger than life' personalities. They may have assumptions about the sorts of people who should and should not be working in remote health.

Or they may just be incredibly ambitious and not prepared to let anyone stand in their way.

One of the greatest obstacles to dealing with bullying is secrecy. People who experience bullying are often reluctant to talk about it for fear of being labelled unprofessional or weak.

People who witness their colleagues being bullied can be fearful of being in the firing line themselves if they speak out.

Workplaces in general tend to deny the existence of conflict and certainly tend to minimise workplace conflict and its psychological impact when considering safety and security issues. Attitudes, beliefs and assumptions are clearly central to all the perspectives on bullying. Unless these ideas are identified and explored they remain hidden and powerful contributors to toxic workplaces.

Bringing bullying out into the open is an important first step in addressing the issue of workplace conflict. Equally important is accepting that conflict is inevitable in any workplace. Providing staff with training in appropriate respectful interpersonal skills allows for conflict and creates healthy workplaces.

Workplaces in general tend to deny the existence of conflict and certainly tend to minimise workplace conflict and its psychological impact when considering safety and security issues.

For remote health workplaces to be safe and productive, the issue of workplace bullying and conflict must be addressed. Apart from reviewing policies and procedures regularly, the climate of work places need to be assessed and programmes implemented that not only teach interpersonal skills but challenge individuals to identify the attitudes and beliefs that motivate their behaviour through regular reflective practice. ●



frozen families

Is Crystal Meth ruining your community?

Do you know families struggling to manage an ice user in their life?

At the CRANaplus Conference last year in Hobart I presented a paper titled 'Methamphetamine Management: Melting the Ice in Rural and Remote Care', with tips on managing ice use in rural and remote communities. This paper was well received, especially by those nurses and health workers from communities facing methamphetamine-related health and community issues. But let's face it, don't we all know someone who is struggling with a friend or family member where ice abuse is ruining lives?

At the time I presented the paper, I had almost finished writing a self-help book for families affected by having an ice user in their lives. The book offers strategies for families and friends who could benefit from help with the manipulative, and often extremely aggressive, behaviours they face when a person in their life is using ice.

Amphetamines now equal cannabis as one of the main drugs for which people seek treatment, second only to alcohol. Amphetamines such as crystal meth, otherwise known as ice, have risen in popularity as a drug of choice. Ice use has tripled in the last five years in Australia. There's been an increase in ice use of 28% and a decrease in speed use of 22%. For some families, it's something they've never experienced in any aspect their life, and they are struggling to understand it, let alone manage the related behaviours and presentations.

People are typically using ice:

- to feel good or have fun
- to fit in with their group of friends
- to escape
- to be rebellious
- to be sociable
- out of curiosity, or
- because it's the drug that is available to them.

Once they use ice, they do feel good, for a short period of time. Then they can experience:

- headaches
- dizziness
- dry mouth
- blurred vision
- teeth grinding
- reduced appetite
- insomnia
- increased energy
- dehydration
- cravings for more ice to feel good again, or
- aggression...

...and then they crash. That's when they'll feel exhausted, depressed, irritable, anxious and in need of sleep. They may sleep for two to three days, depending on their ice use.

During the period after their initial high, when they start to feel a slight reduction in the effects of ice, is the time the ice user may become aggressive. It is the aggressive feelings and behaviours that affect families and friends in very extreme ways.

If you can imagine abuse from a family member, then triple it, this is what it's like for the family members of the aggressive ice user. It can be a time of shame and emotional pain and families can feel they have nowhere to turn.

In my work as a psychologist I have listened to families struggling with this abuse and I have repeatedly worked with parents and partners to keep themselves safe and manage the behaviours of the ice user in a manner that provides the parent or partner affirmative strategies to reduce the incidences of abuse and take action in their lives, when they have felt that they had lost control of their family's standards of behaviour, or had even changed their own behaviour to something similar to that of the ice user. This is why I wrote the book *Frozen Families: 7 Essentials for Survival When You Have an Ice User in Your Life*.

The book, *Frozen Families*, offers suggestions on how to get started with managing your own life with an ice user in the family or community. Families can start by considering what they'll do, discover how to feel less lost in a shameful situation, and will read about situations that they're likely to have experienced, and how to manage them in the short term. It's all about having a place to start, rather than feeling totally lost.

Frozen Families includes scenarios that are typical when a person uses ice, and are loosely based on real life stories. Following the scenario is an explanation of what can be done in the situation and how it can unfold in a more positive way. There are tasks the reader can undertake and suggestions for setting boundaries and improving safety.



When you're at work it's easy to follow workplace policy, but when you're at home or you have a neighbour or a friend who is affected by the ice user how can you encourage them to seek help, to stay safe, to make positive changes in their lives? Some of these changes may also assist the ice user by reducing their opportunities. For many, this is an extremely difficult and time-consuming task, but if families have some guidelines they're in a much better place to start making change.

Who'd like a free copy of the *Frozen Families* book?

Here's a CRANaplus Bush Support Services stress buster activity:

CRANaplus Bush Support Services' Senior Clinical Psychologist, Dr Annmaree Wilson would like to welcome any CRANaplus members who have ice use affecting their community to write to her with their version of what's occurring, as a way to start the conversation about the effects of ice use or to debrief or journal an event that has been traumatic. Your piece of writing will remain confidential and will not be used for any other purposes unless you require and seek counselling for further debriefing or assistance from CRANaplus Bush Support Services. **Dr Wilson is offering three free copies of the *Frozen Families* book to three pieces of writing she receives.**

To go into the running for a free copy of *Frozen Families* send your story, report, or piece of creative writing to annmaree@crana.org.au

If you are experiencing the negative effects of ice use in your community or family and require support, call CRANaplus Bush Support Services on 1800 805 391.

Amanda Akers
Clinical Psychologist
CRANaplus Bush Support Services ●

educate

getting mobile

CRANaplus recently trialed a novel approach to improving access to education and other CRANaplus services by using a mobile team, bringing CRANaplus staff to the remote workplaces.

The Mobile Education Project was an initiative that could augment the existing educational offerings of online materials and short courses by running them at central locations across the country.

The project saw Curriculum Development Officer, Anne-Marie (Anni) Kerr travelling just over 2600 km from Cairns to Alice Springs to visit 10 rural and remote health service organisations.

The Basic and Adult Life Support courses were provided, with flyers distributed in the Cairns and Hinterland, North West Health Hospital Services and the Tennant Creek Health Service. Nurses and Midwives registered for the Adult

Advanced Life Support clinical assessment, with all but one successfully meeting the performance criteria.

It is recognised that education and training at the worksite mitigates the risk of travel and decreases the cost and burden of being away from the workplace.

CRANaplus is always looking for creative ways to deliver education that's attractive to the rural and remote health workforce, and improves access to training and qualified assessors. The goal was to foster health workforce retention and productivity and avoid the danger of de-skilling.

It is recognised that education and training at the worksite mitigates the risk of travel and decreases the cost and burden of being away from the workplace.

The roadshow element of the project was very fruitful, generating on-the-spot opportunities and meetings with professionals both within and outside the health industry. This included organisations such as police, ambulance and government departments, raising the potential for CRANaplus to develop products to better suit their first aid and basic life support needs. It was also an opportunity to personally distribute promotional materials increasing awareness of CRANaplus Bush Support Services. ▶▶



► As Anni pointed out in her report, meeting health workers face to face was very enlightening, giving perspectives on many issues ranging from fatigue management, safety and security, professional development, IT problems, through to management of generators when the power is out.

Members of a group that recently attended the Aboriginal and Torres Strait Islander Remote Emergency Care (ATSIREC) course in Alice Springs appreciated the visit 'to check in with us' while novice RNs and nursing students on clinical placement at Tennant Creek were eager to explore the CRANaplus website. Anni suggested their

response and comments (some included below) demonstrated the potential rewards from establishing a mobile education program.

Anni, who, along with her partner, supported the project by using their own vehicle, says the trip revealed great opportunities to promote CRANaplus and the services it offers. She would like to see CRANaplus further explore the viability of providing a regular mobile education program.

Anne-Marie (Anni) Kerr
Curriculum Development Officer
CRANaplus ●

"Thanks for the opportunity for completing my ALS out in here in the outback. It was a great chance for me to refresh my knowledge. I found the whole experience to be very positive. It is always a nerve-racking experience but I found it all not as stressful as I had anticipated. The online training was fantastic... it was a great refresher, simple and concise, but with all the information I needed. It had all the information I needed without confusing me. The practical training was also a positive experience. You were very relaxed and I felt very supported in my learning. Thank you again for this opportunity. I really appreciate it."

Mt Isa ALS

"It was great to meet you today. Thank you for today. I appreciate your time and effort in helping me achieve my ALS certification. I have found the course very beneficial. The ease of access has made it achievable for me. Being able to access the modules when it suited me was very helpful. The depth of knowledge provided in the modules was greatly appreciated. From what I recall from previous ALS courses I have completed (at least six years ago) a deeper understanding was obtained from your course. It was great to be able to brush up on Anatomy and physiology as well as cardiac electrophysiology, refresh on sympathetic and parasympathetic nervous systems and revise the ALS medication actions. I found the e-quiz great and a good consolidation of the material covered in the modules. Also the 'hands on' assessment was excellent. It was great to be able to work in real time. Thank you for the opportunity to complete this course. I have thoroughly enjoyed it."

Mt Isa ALS

"Thank you for catching up with me yesterday during your visit to the North West HHS. It was good to be able to meet you and discuss CRANaplus' plans to deliver ALS training and assessment to nurses and midwives in the HHS. I would like to formally thank you and CRANaplus for providing on-site visits to remote locations within the HHS. Nurses in these locations enormously appreciate site visits as it is often difficult and costly for them to travel away to obtain practical training and assessment. Your visits also are a clear demonstration of the commitment that CRANaplus has in supporting learning and training for remote nurses and midwives. Thank you again. I look forward to meeting with you again when you return to the HHS again in August."

Dr Julie Parry, March 2017



Now seeking General Practitioners

as Visiting Medical Officers (VMOs)

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 integrated, quality care that enables the wellbeing of all clients to be enhanced.

Otway Health is located in the quaint seaside town of Apollo Bay along the picturesque coastal route of the Great Ocean Road. Apollo Bay is approximately 180 km South-West of Melbourne at the foothills of the Otway National Park and offers a fantastic lifestyle with access to excellent school facilities, diverse recreational opportunities such as golf, surf, fishing, bushwalking, arts, relaxed living and much more.

Otway Health is seeking to engage General Practitioners as Visiting Medical Officers (VMOs) to provide on call medical services on a casual basis. We are seeking dynamic and motivated Medical Officers committed to the strategic development of contemporary high quality health care services within a rural environment.

Essential skills for this position include:

- ALS/REST essential for credentialing as a GP/VMO
- Experience in general practice
- Ability to build strong patient rapport in small remote communities a must.
- Eligibility for a Medicare Provider Number with access to A1 Level rebates essential
- Ability to work unsupervised, in a team environment essential

If you are interested in this exciting opportunity and would like to know more please contact Kim Bazell, Executive Assistant to CEO by phoning **03 5237 8500** or via email: kbazell@swarh.vic.gov.au

Appointment to discuss with the CEO directly may also be requested by contacting Kim Bazell as above.





Paediatric Emergency Care

Do you experience anxiety with paediatric presentations?

Do you want to improve the emergency management of infants and children in remote or isolated practice settings?

Are you expected to be a competent Paediatric Life Support provider?

Then the CRANplus Paediatric Emergency Care (PEC) course is for you

The course is designed to meet the learning needs of the remote, rural and isolated health workforce (Nurses and Midwives, Intensive Care Paramedics and Medical Officers) who may be required to provide urgent or emergency care to children. This course is at an advanced level.

Cost

CRANplus Members \$1,050

Non-members \$1,100



Course Dates and Locations

NT, Tennant Creek, 12-13 Aug 2017

Course Delivery

The CRANplus Paediatric Emergency Care course consists of 4 components:

1. Successful completion of online learning modules prior to attendance at the course; 2. Attendance at a course consisting of lectures, skill stations and practical based scenarios
2. Completion of an on course communication and documentation assessment
3. Completion of a final one to one assessment based on a clinical scenario.

On successful completion participants will be awarded:

- Paediatric Emergency Care Course Certificate;
- Paediatric Basic Life Support Certificate
- Paediatric Advanced Life Support Certificate
- Statement of Attainment HLTDEF003 – Perform the duties of a scribe during casualty resuscitation.

Training.gov.au is the official National Registry of VET in Australia and provides more information regarding these units of competency and our status as a Registered Training Organisation (RTO No. 40719)



Accreditation and Endorsements

The Paediatric Emergency Care course is endorsed by:



what a team



Above and overleaf: Our recent walk on the Kumano Kodo trail in Japan.

If you want something done, ask a busy person – our Marketing & Comms Manager Anne-Marie was on a winner when she approached Matt and Naomi Spotswood at a fundraising dinner in Adelaide, with a proposal to become CRANplus facilitators.

These two doctors, themselves busy working, studying, training and teaching, embraced the idea and have become the fifth husband and wife team to add CRANplus facilitating to their 'to do' list.

Matt, originally from Tasmania, and Naomi, from Queensland, call Melbourne their home base at the moment – although Matt is currently on a three-month rotation to the Intensive Care Unit at Alice Springs Hospital.

They have flitted around the country, following training and work opportunities, as medicine "is one of those jobs where you never know where you are going to be," says Naomi, a neonatologist (a specialist paediatrician who cares for newborns who are very unwell or born premature). ▶▶

For more information on this course, call us on 08 8408 8200, email courses@crana.org.au or visit our website: caran.org.au/education



▶ Naomi has now done three trips for CRANaplus: to Newman in the Pilbara in WA, to Elcho Island off the Northern Territory coast and last year to Warakurna in WA near the NT border, facilitating in Paediatric Emergency Care (PEC) courses, a couple of procedural skills courses and an ALS course as well.

"I really enjoy going into remote areas," she says. "So different to my day-to-day work and I love the contrast."

"The courses are excellent and everyone enjoys them. I love the process: participants at the start perhaps are a little nervous and feeling challenged, and it's lovely to walk them through and see the confidence in their skills build. I also learn a lot from the course. I've met so many nurses and Aboriginal Health Workers who are highly skilled and resilient people. They tell some great stories and I come away having learned so much."

Dealing with children in rural and remote areas, it's so important to keep up your skills, says Naomi. "Each day you have all the normal

situations of minor ailments and routine procedures. Experience, doing courses, and meeting other health workers to share stories all help you to recognise when a child is sick and in danger of being seriously ill."

Education is a long-time passion for Matt, who has been to Broken Hill and Western Australia to facilitate Remote Emergency Care (REC) courses. "You see people learning something new, or learning another way of operating, or understanding better what they are doing," he says.

"I've been teaching Early Management of Severe Trauma courses for several years as well as other courses with the College of Surgeons. I also teach junior doctors, medical students, nurses and nursing students as part of my hospital work.

"The satisfying thing with CRANaplus is you are teaching people who are going to go back to work in remote areas where they don't have other colleagues to help them. You are giving them skills to make them more independent.

"The satisfying thing with CRANaplus is you are teaching people who are going to go back to work in remote areas where they don't have other colleagues to help them. You are giving them skills to make them more independent..."

They are out there by themselves, where they have to be able to deal with everything. What I tell them is, they don't need to know everything, but what to do next, and how to access help."

Matt agrees that he sometimes feels he learns more than the participants. While he spent a

few months at Santa Teresa community near Alice Springs during his training, on CRANaplus courses he hears about experiences which are completely different to his own.

To relax, Matt plays baritone horn in whatever brass band he can join. Currently he is with the Footscray-Yarraville City Band, which came 2nd in the recent Australian National Band Championships. "I've been playing the horn since I was about 13, and been in bands since about 15," he says. "I love playing competition music. It's very satisfying to play a hard piece of music. "When I was based in Adelaide, I played with a band in Tanunda, and we would play a mixture of popular songs and German drinking songs to cruise ship passengers and found that very enjoyable too."

To unwind as a couple, Matt and Naomi like nothing better than to go on holiday together. No surprise that this couple, for whom busy is normal, spend that time exploring the world's long-distance walks. ●

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WEST**



2017 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**
 - NEWMAN, 26-28 MAY
 - BROOME, 15-17 OCT
- QUEENSLAND**
 - CAIRNS, 16-18 JUNE
 - MOUNT ISA, 25-27 AUG
 - TOOWOOMBA, 1-3 SEPT
- NORTHERN TERRITORY**
 - NHULUNBUY, 5-7 MAY
 - DARWIN, 2-4 JUNE
 - ALICE SPRINGS, 8-10 SEPT
- VICTORIA**
 - LORNE, 24-26 MARCH



Advanced Remote Emergency Care

- QUEENSLAND**
 - CAIRNS, 2-4 JUNE
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 5-7 MAY
- NEW SOUTH WALES**
 - TAMWORTH, 17-19 MARCH



Midwifery Upskilling

- QUEENSLAND**
 - CAIRNS, 19-21 MAY
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 11-13 AUG
 - DARWIN, 22-24 AUG
- NEW SOUTH WALES**
 - DUBBO, 7-9 APRIL
- VICTORIA**
 - COLAC, 10-12 NOV



Remote Emergency Care

- WESTERN AUSTRALIA**
 - NARROGIN, 12-14 MAY
 - BROOME, 21-23 OCT
- QUEENSLAND**
 - ROCKHAMPTON, 10-12 MAR
 - CAIRNS, 15-17 SEPT
 - CLONCURRY, 10-12 NOV
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 20-22 MARCH;
 - 14-16 JUNE & 28-30 SEPT
 - NHULUNBUY, 1-3 SEPT
 - DARWIN, 3-5 MAY & 11-13 OCT
- NEW SOUTH WALES**
 - BYRON BAY, 24-26 FEB
- VICTORIA**
 - BENDIGO, 4-6 AUG
- TASMANIA**
 - HOBART, 17-19 NOV

“ As usual, an excellent CRANAplus course, run by practitioners with an obvious passion for high standards of rural and remote health ”
ALS Broome 2014



Advanced Life Support

- WESTERN AUSTRALIA**
 - NARROGIN, 15 MAY
- QUEENSLAND**
 - CAIRNS, 29 JULY
 - LONGREACH, 13 NOV
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 4 SEPT
 - DARWIN, 10 OCT
- NEW SOUTH WALES**
 - BYRON BAY, 27 FEB
- SOUTH AUSTRALIA**
 - ADELAIDE, 18 FEB



Paediatric Emergency Care

- WESTERN AUSTRALIA**
 - BROOME, 21-22 OCT
- QUEENSLAND**
 - CAIRNS, 4-5 NOV
- NORTHERN TERRITORY**
 - DARWIN, 8-9 APRIL
 - TENNANT CREEK, 12-13 AUG
- NEW SOUTH WALES**
 - TAMWORTH, 23-24 SEPT
- VICTORIA**
 - MELBOURNE, 27-28 MAY



Triage Emergency Care

- WESTERN AUSTRALIA**
 - ESPERANCE, 2 MAY
- QUEENSLAND**
 - MOUNT ISA, 22 JUNE
- NORTHERN TERRITORY**
 - TENNANT CREEK, 14 AUG
 - ALICE SPRINGS, 3 SEPT
- SOUTH AUSTRALIA**
 - ADELAIDE, 19 FEB



Practical Skills

- WESTERN AUSTRALIA**
 - BROOME, 16 OCT
- QUEENSLAND**
 - MOUNT ISA, 20 JUNE
 - CAIRNS, 30 JULY
- NORTHERN TERRITORY**
 - ALICE SPRINGS, 3 SEPT

CRANAplus Annual Conference Broome, WA 18-20th October 2017

The Future of Remote Health and the Influence of Technology

CRANAplus Bush Support Services

1800 805 391

24/7 toll free counselling service

Aspiring to a career in remote practice?

Check out the Pathways to Remote Professional Practice publication on our website



CRANAplus Education Services

To register for a course, visit www.crana.org.au/education

or call **08 8408 8200**

CAIRNS 07 4047 6400

ALICE SPRINGS 08 8955 5675

ADELAIDE 08 8408 8200



Triage Emergency Care

Are you required to effectively and efficiently assess and triage emergency patients and primary presentations in your work?

Do you need to enhance your triage skills?

Are you familiar with the Australasian Triage Scale and Emergency Triage Education Kit?

Then the CRANaplus Triage Emergency Care (TEC) course is for you

The CRANaplus Triage Emergency Care course (TEC) is designed for Nurses and General Practitioners who may be required to perform triage. It is based on the Emergency Triage Education Kit (ETEK) with a focus on application for remote and isolated settings. The course upsills the triage practitioner to confidently assess clinical presentations and apply the Australasian Triage Scale to allocate an appropriate triage category.

Cost

CRANaplus Members \$450
Non-members \$450



Course Dates and Locations

NT, Tennant Creek, 14 Aug 2017

Course Delivery

The CRANaplus Triage Emergency Care consists of 2 components:

- Pre course reading to be completed prior to attendance at the session;
- Attendance at a 3 hour session consisting of lectures and practical based discussions and activities.

Graduates will be able to:

- Discuss the principles of triage assessment in a primary health setting
- Describe the challenges associated with triaging in a primary health setting
- Demonstrate an understanding of The Prioritisation of Patients: A guide to urgency for non-clinical staff or The Australasian Triage Scale and its implementation in the workplace
- Develop an understanding of the medico-legal aspects of triage.

On successful completion participants will be awarded:

Triage Emergency Session Course Certificate

up up and away

RFDS flight nurse Trudi Kluge's involvement in each patient's story may consist of just a few hours, "but I love making this vital part of their journey the very best it can be," she says.

Trudi (pictured below), a Registered Nurse and Midwife with 28 years' experience, has been a RFDS flight nurse for the past seven years. "I have felt truly honoured to assist people in need, often during a very challenging time in their lives," she says. "When you live in a rural or remote area, illness or injury can often mean having to fly to far away places for medical help: far from community and family." Trudi, based in Adelaide, loves the diversity of the Flight Nurse's role. "We just never know what will present next and we often have limited resources," she says. "We care for the newly-born through to the very old and all that's between. And we have the added challenge of the aeromedical environment."

There's no such thing as an average day for Flight Nurse Trudi. "Each day, you never know where you will end up. We pick up patients in places such as Ceduna, Mount Gambier and the Riverland, and we transfer patients to all the

major cities. You can spend most of your day at a car or farming accident in the Outback, or that day might involve lots of small flights to and from rural locations."

Adelaide Base Flight Nurses rarely fly with a Doctor onboard, says Trudi who has extensive previous experience in Intensive Care, Midwifery and Emergency. "Most of our flights are Flight Nurse only. It's rare that a medical retrieval team will be onboard, so it's crucial to keep our skills updated. This is where CRANaplus membership and education is so valuable."

"RFDS is an amazing service and I consider Flight Nursing to be the best job in the world," says Trudi. While Trudi grew up in rural Mannum, the job with the RFDS has introduced her to the Outback and given her opportunities that mean she disappears from the family home to do remote area nursing and relief work. "I couldn't do it without the support of my husband and family," she says.

"Outback communities are a whole different scene: the environment is beautiful and the people are a wonderful bunch." ●



For more information on this course, call us on 08 8408 8200, email courses@crana.org.au or visit our website: caran.org.au/education

professional

professional services activities

NRHA Conference

The biennial National Rural Health Conference was held in Cairns in April. This conference is always an opportunity for everyone who works, has an interest in, or is a consumer of rural and remote health services to come together to hear a range of speakers across the great diversity of topics and issues of interest to this sector. It has a reputation for being a friendly, inclusive environment and this year was no exception. It was also a great exposé to local culture and arts with performances from local groups. The conference also includes an Arts in Health section, which is always well attended, focusing on some very innovative approaches that have been developed to use Arts to impact on health.

Recommendation's resulting from input of delegates at the Conference can be found at www.ruralhealth.org.au/14nrhc/recommendations

Workshops

Identifying and discussing the particular challenges and potential opportunities for nurses and midwives working in rural and remote areas was the aim of *Workforce: Rural and Remote Workforce Sustainability, is it possible?* This pre-conference workshop was sponsored and convened by James Cook University (JCU) and collaboratively developed by all of the Nursing and or/Midwifery member bodies of the Alliance: CRANaplus, Australian Nursing and Midwifery Federation (ANMF), Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), the Australian College of Midwives (ACM) and the Australian College of Nursing (ACN).

The majority of the 59 delegates at this workshop were nurses and midwives, plus other health professionals including allied health and medical, all with the common interest in workforce issues. A report of this event will be forthcoming and posted on our website.

The *Culturally safe and responsive health care workshop*, another collaborative effort, was also well attended and received favourable evaluations.

This was convened by, CATSINaM, Indigenous Allied Health Australia (IAHA), Australian Indigenous Doctors Association (AIDA), the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA), for all rural and/or remote health professionals interested in providing culturally safe and responsive care with Aboriginal and Torres Strait Islander people.

Climate and Health Alliance CAHA

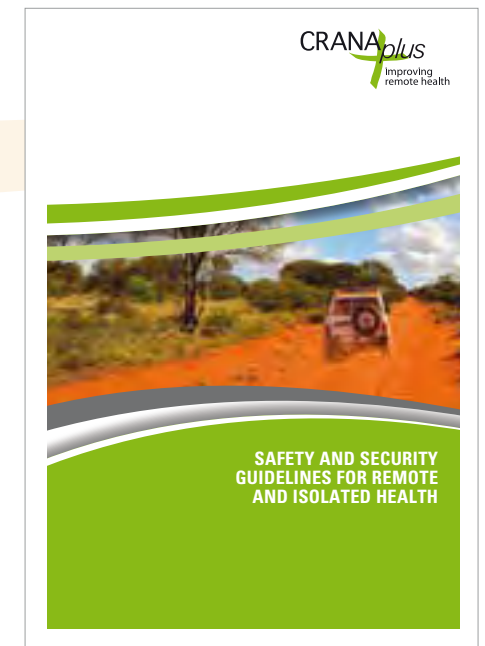
As a member body, CRANaplus was invited to nominate a CRANaplus member with a passionate interest in Climate and health issues to attend a three-day campaign training workshop.

We put out an EOI to all members and Alana Street, RN/RM from Tasmania, will be

representing us at that event. A subsequent report on that activity and any other items of interest to members will be included in the September edition.

Safety & Security Project

Our Safety and Security Guidelines for Remote and Isolated Health was recently released, and can be accessed at www.crana.org.au/professional



The guidelines build on results of the national consultation and report, condensing safety priorities under seven topics.

These are then looked at from the perspective of the Individual, Team, Employer, Environment, Infrastructure and Culture and Community. ▶▶

» The Guidelines have benefitted greatly from input from remote health stakeholders from different States and Territories, the non-government sector, and the nursing and midwifery profession. It's pleasing that several major employers are already using the guidelines when assessing their organisation's remote health safety.

While valuable, the current guidelines are non-binding. Development of National Standards for Remote Health Worker Safety would provide baseline expectations for all remote health stakeholders. Following project participation in the recent National Rural Health conference in Cairns, it's pleasing that one of the conference's priority recommendations was the following: "We call on the Australian Commission on Safety and Quality in Healthcare to work with remote stakeholders to develop and secure funding to implement National Standards for Remote Health Worker Safety and Security."

With limited time remaining in the current project, the focus is now on completing other project resources, including the Working Safe in Remote Health handbook, Workforce Risk Assessment tools, and the training module. You can find all completed resources on the CRANaplus website, under the 'Professional' tab.

Rural Report

The CRANaplus Rural Nurse project, commenced in September 2016 with the aim to work together with rural nurses to bridge identified professional and educational gaps, is now at the half-way point.

Following on from the very successful survey and consultations, the final report outlining a number of key deliverables has been written and we are about to start the next phase of the project.

The Expert Advisory Committee for the project, which has broad representation from across all rural jurisdictions, met by teleconference in May. This involved a very rigorous discussion around the best way to move forward to meet deliverables of the Project.

A major issue in endeavouring to meet some of the issues identified is to ensure existing resources are not duplicated and that new resources will be used.

Thank you to all of those rural nurses who contributed their stories for the Autumn Magazine, and we want to hear more from you. This is a great opportunity to highlight your service or in general what it means for you to work and live in rural Australia.

We continually receive great feedback from our readers that individual stories provides an invaluable opportunity to understanding the diversity of services and roles that nurses and midwives and all health professionals play in health services. Contact the Editor to discuss contributing to the CRANaplus Magazine: publications@crana.org.au

Remote Management Program: essentials for remote managers

If you are an aspiring manager, acting manager or manager this may be of interest to you to sharpen your management expertise.

Essentials for Remote Managers
REMOTE MANAGEMENT PROGRAM

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

Course delivery
The CRANaplus Remote Management Program consists of three components:

1. Completion of four online modules:
 - Action Learning for Managers
 - Leadership and Management
 - Clinical Governance
 - Project Management
2. A workshop conducted over two days to consolidate learning through topic sessions, group discussions and small group activities.
3. Participants as a mentor in the ACHDM mentoring program to be supported in their management role. See the CRANaplus website for more information.

Participants of this course will be able to:

- Reflect upon and enhance their management skills.
- Describe their leadership and management attributes necessary for the implementation of quality improvement project.
- Outline Clinical Governance, their roles and responsibilities and its application in the remote settings.
- Undertake workplace needs analysis.
- Plan, develop, implement and evaluate their quality improvement project.
- Undertake an evaluation project report.

On completion participants will be awarded:

- Certificate of Remote Management Program
- CPD Points

For more information contact: professional@crana.org.au www.crana.org.au



This year CRANaplus is offering two Courses: Program one commenced in May with a two-day workshop in Cairns in July. Program two registrations close 25 August for a two-day workshop to be held in Broome (prior to the CRANaplus Conference).

For further information visit our website: <https://crana.org.au/professional/pilot-course>

LINKS Mentoring rural and remote program

Are you a health undergraduate student, recently qualified, or newly employed health professional in rural and remote Australia? Join our LINKS Mentoring program. Over past years, participants reported they have gained a great deal both personally and professionally from the experience of being either a mentee or mentor.

For more information visit our website: <https://crana.org.au/professional/students/mentoring-program> or contact Professional Services professional@crana.org.au

RAN Certification Program Update

This innovative initiative of CRANaplus to have national, professional recognition for remote area nurses with the aim to provide consistent, safe, quality health care, is now in the development phase of its on-line program.

Nurses will be able access on-line the assessment criteria, enabling them to demonstrate their professional practice against the nine Professional Standards.

The official launch will be in October 2017 at the CRANaplus Conference in Cable Beach, Broome. ●



The Country Women's Association of Australia (CWAA)

Rural and Remote Nursing and Midwifery Personal Development (PD) Grant 2017

The Country Women's Association of Australia (CWAA) is committed to high-quality health services in Rural and Remote Australia.

A project was undertaken some time ago where royalties from several cookbooks was put aside to provide financial support through a grant to assist rural and remote nurses continue their professional development whilst providing additional health service needs to their communities.

The CWAA has worked with the National Rural Health Alliance and CRANaplus to update this program and is pleased to announce that there will be four (4) scholarships up to \$5,000 each for Rural & Remote Nursing & Midwifery programs and courses in 2017.

Keep alert for the applications open on
1 September 2017 and close on 13 October 2017.

Forms will be available from 1 September 2017 at
<http://ruralhealth.org.au/cwaaruralnursingcpdgrant>



*CWAA working with partners to support
Rural and Remote health services in Australia*



The Rural Health Summit (RHS) is AMSA Rural Health's premier event and will be held in the City of Wollongong on the 16th & 17th of September, 2017. The RHS17 program aims to motivate, empower and inspire students interested in rural health through keynote speakers, interactive breakout sessions, panel discussions, and more.



Rest assured, there'll be plenty of opportunity to network with fellow delegates and renowned speakers at the highly acclaimed Cocktail Gala. If you're passionate about rural health and want to be inspired on how you can make a difference, this event is for you!

**Delegate applications will open early August, so keep
an eye out!**





Photo: Steve Baitten.

connect

closing the gap one community at a time

Improved health is just one of the outcomes of the Aboriginal Volunteer Program (AVP) in one of South Australia's most remote communities, Oodnadatta.

Each year, since 2012, a small group of dedicated young Aboriginal volunteers from all around Australia join in with the local community, giving their time, to help build a stronger community.

Before heading north, the volunteers are trained in areas such as remote community volunteering, volunteer expectations, and policies and procedures giving them the confidence and new and upgraded skills. They are linked with community leaders and returned volunteers, gaining local knowledge to assist with their 10 week placement.

Community participation has been the key to the success of the program with all projects identified locally, giving a sense of ownership and project sustainability.



L-R: Naomi, Jess and Kasey, 2017 Oodnadatta volunteers.

“I was trying to show that it was cool to be healthy. The kids would come round and we would go running on a daily basis. I took the speakers and we would run to music. At first I was doing it alone, but without saying anything, they started doing it too and then it was back to the house for spinach smoothies.”

Charles Rolls, 2016 AVP Volunteer

Some of the projects have included health improvement where children were involved in cooking nutritious meals, fitness runs, creating a welcoming garden at the Health Centre and ‘vegie’ gardens with the Elders, as well as planning over 150 citrus trees and vines and brining in tanks to enhance clean water and community water security.

Last year the program helped to significantly improve literacy rates amongst school children and supported the Oodnadatta women to explore income generation opportunities through art and craft social enterprise.

AVP is a partnership between the community of Oodnadatta, South Australia's Aboriginal Reference Group, Volunteering SA&NT and Australian Volunteers International (AVI).

For further information please contact:
Jo Larkin
AVP Program Manager
M 0417 083 477
E trumby64@outlook.com



Is pregnancy or early parenthood making you sad or anxious?

Perinatal Anxiety & Depression Australia
National Helpline 1300 726 306

PANDA's National Helpline provides specialist perinatal emotional and mental health support to anyone during pregnancy and early parenthood, including partners and family members.

panda.org.au | howisdadgoing.org.au



panda how is dad going program

Victorian father of three, Scott, was well aware of postnatal depression but never knew it was something that could happen to men. After a traumatic birth with his third child he worked hard to hide his true feelings, unaware that he was actually going through an illness he had previously only associated with women.

"I worked determinedly to build that façade... Self-obsession became the norm as I worked to 'fix things'. My face aches agonisingly when I recall the falsest of smiles I forced on myself. Worse still, I can now see that I tried to force a similar smile on my poor partner's face," said Scott.

"While I see myself as a strong advocate and enabler of women's rights and empowerment, I still can't escape the connection of being 'traditionally male' and seeing myself as holding primary responsibility for being the provider and

protector for all in my family. I can now see that a trigger for my depression is when I fail in that role and see those around me struggling."

"One of the things we hear a lot from dads on PANDA's National Helpline is that they feel guilty about their feelings of depression and or anxiety when their partner has been through all the physical process of pregnancy and giving birth..."

According to Terri Smith, CEO of PANDA – Perinatal Anxiety and Depression Australia, what Scott was feeling is not uncommon. ▶▶



► “One of the things we hear a lot from dads on PANDA’s National Helpline is that they feel guilty about their feelings of depression and or anxiety when their partner has been through all the physical process of pregnancy and giving birth. Most men want to be seen as a good father and partner. They want to be there to support their partner rather than needing help themselves. But no one can help being sick – and this is an illness.”

“It is natural to experience a degree of worry and ‘ups and downs’ when transitioning to parenthood,” said Smith. “Becoming a parent is a huge life transition for both mum and dad, with a whole range of new responsibilities, and no-one does well with limited sleep. However, we say to men that if symptoms persist for more than two weeks and impact on your daily life it is time to reach out for support. It is important to know that it is OK to ask for help and that you are not alone.”

“Becoming a parent is a huge life transition for both mum and dad, with a whole range of new responsibilities, and no-one does well with limited sleep...”

It is now recognised that around 1 in 20 men experience depression during pregnancy (antenatal); and up to 1 in 10 new dads struggle with depression following the birth of their baby (postnatal).

PANDA – Perinatal Anxiety & Depression Australia is a specialist not for profit organisation that has been raising awareness of antenatal and postnatal depression for over 30 years and has helped tens of thousands of Australians get vital information, support and treatment to aid their recovery. PANDA operates Australia’s only National Helpline for women, men and families struggling with perinatal anxiety and depression.

Symptoms of perinatal anxiety and depression in men can vary, but may include:

- Constant tiredness or exhaustion
- Ongoing headache and high physical stress levels e.g. muscle tension
- Loss of interest in activities or hobbies that previously brought joy
- Changes in appetite
- Sleep problems (unrelated to baby’s sleep)
- Ongoing irritability, anger or moodiness
- Emotional withdrawal from your partner, baby, family, friends
- Fear of caring for baby
- Not wanting to communicate with your partner, family and friends
- Feeling isolated
- Using alcohol or drugs to ‘escape’ or cope.

Getting Support

For men experiencing perinatal anxiety and depression, the first step in help-seeking is often the hardest. Visiting the PANDA website – panda.org.au or howisdadgoing.org.au might help you understand what is going on.

Secondly, it is usually best to see a health professional or person that understands the perinatal period (GP, maternal child health nurse, midwife) to provide you with treatment and support.

You can also call the PANDA National Helpline – 1300 726 306 (M–F 10AM–5PM AEST).

PANDA’s National Helpline counsellors speak with expecting and new parents every day – including men – about the challenges of managing anxiety/depression during pregnancy or with a baby. ●

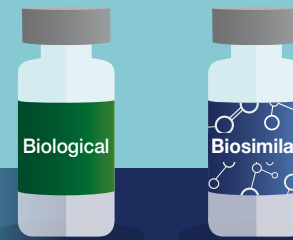
Biosimilar MEDICINES



Australian Government
Department of Health



Biological and biosimilar medicines come from living cells



Biosimilar medicines are highly similar



The effects are the same



What are they?

- A biosimilar medicine is a highly similar version of a reference biological medicine. The reference biological medicine is the first brand to market.
- The processes that produce biological medicines are naturally variable. No two batches of a biological medicine, including biosimilar medicines, are ever exactly the same (even from the same manufacturer). Biosimilar medicines can be used to treat the same diseases, in the same way, as the reference biological medicines.
- Biosimilar medicines have been tested and shown to be as safe and effective as the reference biological medicines.

Research and other information available at:
www.health.gov.au/biosimilars



new portal helping to reduce tobacco smoking among pregnant aboriginal women and their families

The Preventing Aboriginal and Torres Strait Islander Maternal Smoking (PATSIMS) portal is designed to improve access to information, resources, support and training for health professionals addressing tobacco smoking among pregnant Aboriginal and Torres Strait Islander women, new mothers, and their families.

Previously called the Preventing Aboriginal Maternal Smoking in WA (PAMSWA) portal, the new-look PATSIMS will have a national focus, but still retain all the same valuable tools, resources and information.

About the Australian Indigenous HealthInfoNet

Located at Edith Cowan University, the HealthInfoNet, now in its 20th year is a massive Internet resource that informs practice and policy by making research and other knowledge readily accessible.

The HealthInfoNet contributes to closing the gap in health between Aboriginal and Torres Strait Islander peoples and other Australians. Working in the area of translational research with a population health focus, it makes research and other information available in a form that has immediate, practical utility for practitioners and policy-makers, enabling them to make decisions based on the best available evidence.

www.healthinfonet.ecu.edu.au

The portal is located on the Australian Indigenous HealthInfoNet web resource www.healthinfonet.ecu.edu.au/population-groups/preventing-maternal-smoking

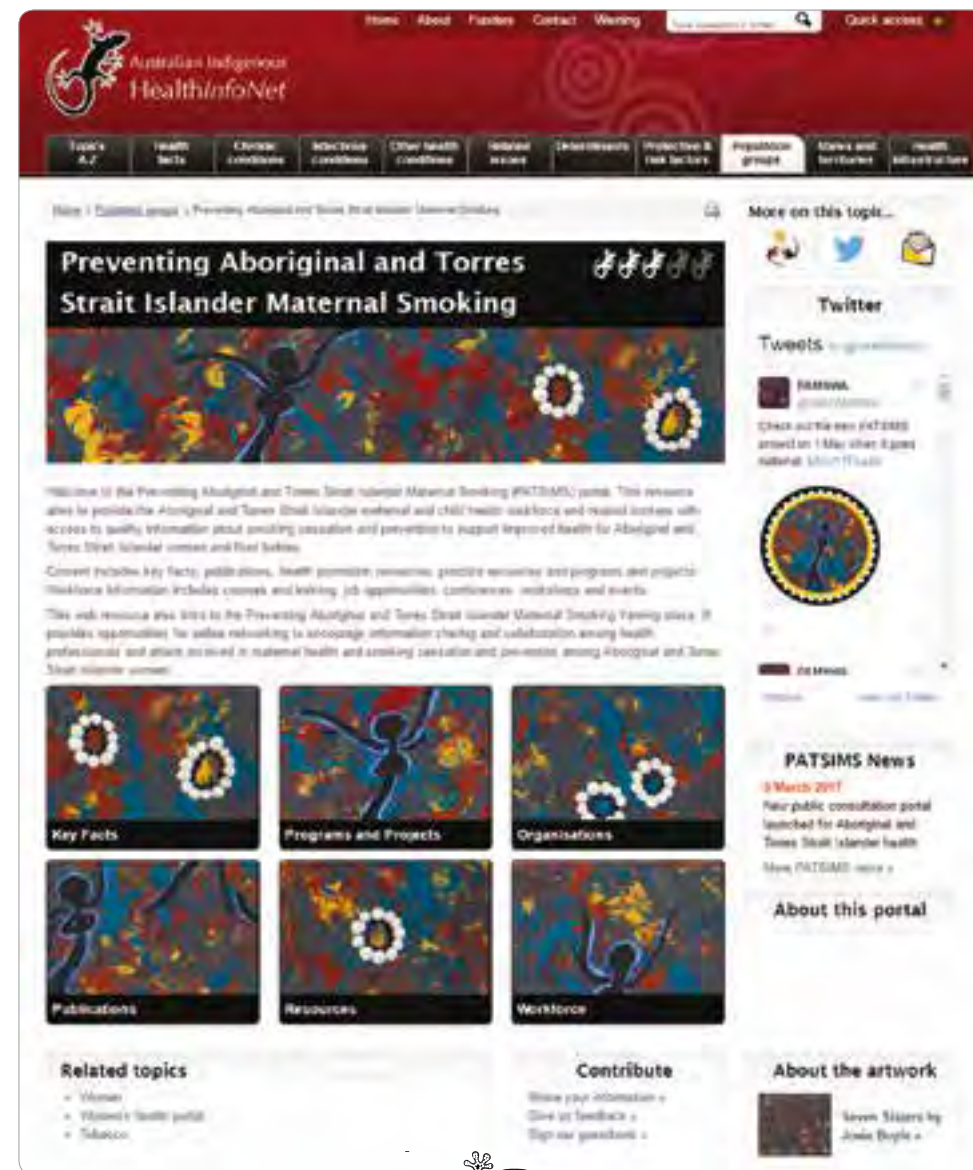
Australian Indigenous HealthInfoNet Director, Professor Neil Drew, said "We previously had a smoking cessation portal specifically for WA (PAMSWA) and are delighted that with funding from the Australian Department of Health we now have the opportunity to expand the resource nationally. Addressing maternal smoking is vital to the future health of Aboriginal and Torres Strait Islander people and communities".

"...Addressing maternal smoking is vital to the future health of Aboriginal and Torres Strait Islander people and communities".

The portal provides high quality, culturally appropriate information for individuals, communities and practitioners including: policies and strategies, publications, health promotion and practice resources, programs and projects, organisations and workforce information such as courses, conferences, workshops and events, funding and job opportunities.

The portal will be a valuable resource for the maternal and child health workforce, the tobacco control workforce and other practitioners, clinicians and health workers who work with pregnant Aboriginal and Torres Strait Islander women, new mothers, and their families.

A major focus of the new PATSIMS will be the workshop program. Opportunities will be available nationally over the next 12 months for maternal and child health workers and



others working with this target group, to obtain hands-on training in how to make the best use of the resource.

The online yarning place, regular newsletters, Twitter and other social media will also help to keep the workforce connected.



Australian Indigenous HealthInfoNet

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HealthInfoNet Director
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In 2017 our annual conference will celebrate 20 years since the inception of AIDA. The AIDA Conference will bring together industry experts, key decision makers, Indigenous medical students, doctors and those interested in Aboriginal and Torres Strait Islander health and medicine.

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aida.org.au/conference

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