

issue 107 | spring 2017

# CRANA *plus* magazine

the voice of remote health

RRP: \$10.00

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



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## unwind

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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.



Dr Keith Suter



Michelle 'Shellie' Morris



Professor Catherine Stoddart



Professor Sue Kildea



Dr Kim Webber



Adjunct Associate Professor  
Karen Bradley

## from the editor

What a fabulous cover to herald the Spring edition! Julia is a huskie trainer in Lapland and while travelling around Australia during the northern summer did a CRANaplus REC course. Julia shares her experiences and the challenges working 200 kilometres north of the Arctic circle.

Quad bike accidents and fatalities are constantly in the news. Agriculture has eclipsed mining as the most dangerous industry in Australia, with quad bike accidents disproportionately responsible for death and injury. Read about these findings and recommendations in Professor Sabina Knight's article on page 6.

If you are anticipating a CRANaplus short course in 2018, the education schedule is due for release in early October. The great news is that as a Member of CRANaplus, for the first time, you will have access to registrations a fortnight before non-members. There is no better time to join CRANaplus.

Stories from our Members are always favourite reading and this edition's inclusions are guaranteed to stir a wander lust in many of you. Student contributors share their excitement, surprise and gratitude at being welcomed as part of the team during their clinical placements, with several expressing a desire to return after their positive experiences.

Mates of CRANaplus is a new category of Membership to acknowledge those organisations with whom we collaborate and who share our values. Are you a potential 'Mate'? Read more on page 46.

Education is announcing new courses, Professional Services give an update of their resources and the launch of the RAN Certification program, and CRANaplus Bush Support Services offers sage advice about how to handle change in the workplace and much more.

The back cover features the new CRANaplus Anti-violence poster developed from feedback about the availability of a resource to readily display in the workplace.

The poster is laminated and self adhesive and available through our website at a nominal fee to cover postage. We can offer discount on multiples copies.

Relax, make a coffee and enjoy!

Anne-Marie Borchers  
Manager Communications and Marketing  
CRANaplus



Australian Government  
Department of Health

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

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

**About the Cover:** Julia Roosens shares her experiences working in the Arctic (Photo: Josh Simister). Read full feature story on page 14.

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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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## from the ceo



Dear CRANApplus Members and Stakeholders,

Welcome to the latest edition of the CRANApplus Magazine, another bumper edition packed with interesting information, beautiful pictures and inspiring stories. We are keen to ensure that this publication gets to the people who need it, so please share with your colleagues and friends so that others can join the thousands of people who regularly read this quarterly publication.

CRANApplus is full steam ahead investing in new initiatives to better support the remote and isolated health workforce. We are using our skills, resources and expertise to expand the remote health footprint and if it takes a village to raise a child, it takes an entire community to improve our health.

As the year progresses you will hear more about the expansion of our education courses to include targeted training on safety & security, mental health, counselling and generalist rural nursing. Rest assured we hear how hard it can be to get a spot on one of our existing emergency courses, next year's schedule is for release soon and hopefully we can make more spaces available.

On behalf of the Primary Health Network in Far North Queensland, CRANApplus is undertaking some interesting work to support and build the capacity of the workforce of the rural residential Aged Care Facilities in the tablelands. With funding from the Department of Prime Minister & Cabinet we are providing education and support to improve the safety and security of the remote Community Night Patrol workforce.

We are continuing to engage and support those nurses and midwives working in our small country towns, although they are part of the tapestry of remote and rural health, they all too often remain under supported and represented. Remote Managers will continue to benefit from a tool box of resources along with access to the CRANApplus management program to help build their capacity. Items to be launched at this year's conference include the CRANApplus App for smart devices and the long-awaited RAN Certification on-line portal.

If you're able to consider life beyond the 2017 Broome CRANApplus Conference, the 2018 Conference to be held in Cairns on the 20-22 September is well underway and shaping up to be a CRANApplus Conference like no other. Being held in conjunction with an International Rural and Remote Nursing and Midwifery conference – 'Leading Primary Healthcare in a challenging world' should result in being not just a must attend event, but also generate global actions to enhance rural and remote nurses everywhere.

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.



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# engage

## from the chair

It has been a very busy period again this last few months in preparing for the upcoming AGM and Conference in Broome; CRANaplus really does appreciate that the Department of Health WA are providing financial support to ensure a successful event.

In addition to some great speakers and interesting presentations, there will be the launch of two highly-anticipated resources. These being the RAN Certification resource and the Remote Health App.

...can I encourage people to become and remain as Members as part of their commitment to supporting the remote health sector.

The Board and Senior Management team have reflected on member feedback and undertaken a rigorous process to develop a new Strategic Plan for the organisation and this is available for all to access <https://crana.org.au/about/strategic-direction>

A further busy time developing and approving more work to be undertaken in regards to a number of CRANaplus activities including:

- Safety & Security Education
- teaching skills to manage mental health emergencies and drug (ICE) effected behaviours
- continuation of the Management program.

Not often noticed, but very surely appreciated, is how much work has gone into building CRANaplus' capability to strengthen as an organisation in order to fulfil our objectives to support, educate and provide professional services to the industry.



As we move towards the upcoming three-year funding rounds and service agreements, it is important that the Remote Health sector has a united and consistent voice at the Federal and State levels. Our representation through the CEO is very much appreciated.



With all that coming and going can I encourage people to become and remain as Members as part of their commitment to supporting the remote health sector. There will be further enhancements to member benefits in 2018, including increased savings on all of our education programs.

...every time you get out of bed to go to work, you're actually going to assist or contribute to the life of somebody who needs that assistance.

I would also like to show my appreciation to the CRANaplus Board for their time, energy and commitment to provide governance for the organisation.

Please all take a little time to reflect on the fact that every time you get out of bed to go to work, you're actually going to assist or contribute to the life of somebody who needs that assistance.

Best regards

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

# quad bikes – a public health issue



**Quad bikes are a major cause of serious injury and death in rural and remote areas of Australia, ten in 2016.**

Every year there are a number of quad bike related fatalities as well as serious injury, primarily in the agricultural sector, for remote areas of Australia this is largely the beef industry.

For some years it has seemed like a silent epidemic – accidents occurred sporadically and seemed just that – an unfortunate accident, however evidence demonstrates this is no longer the case. These fatalities and serious injuries are preventable and our role as health professionals is to provide education as to the hazards and harm minimisation related in the use of quad bikes.

Agriculture eclipsed mining as the most dangerous industry in Australia and quad bike accidents are disproportionately responsible for

deaths and injury. All terrain vehicles (ATVs) are colloquially referred to as quad bikes. They have been demonstrated to be inherently unstable, lacking lateral stability standards and have no crush protection features.

As a result of outback Queensland RANS raising concerns relating to a rise in frequency and severity of accidents in 2011, the Mount Isa centre for Rural and Remote Health (MICRRH) undertook preliminary investigation which led to the 6th Biennial 'are you remotely interested' conference focussing on the theme.

Experts, users, researchers, health professionals and services from across America, New Zealand, Canada and Australia gathered in Mount Isa in 2012 to explore and assess the issues and the evidence to date.

The conference produced the Mount Isa statement to highlight the issues and provide a direction for the future efforts to reduce the burden of death and injury.

This work was subsequently published in the Journal of Rural and Remote Health in 2014. ►►



L-R: Assoc. Professor Richard Franklin, Professor Sabina Knight and Assoc. Professor Tony Lower.

## Mount Isa Statement on Quad Bike Safety 2012

### Currently:

- There are an estimated 220,000 quad bikes in Australia with 80% being used in rural industries.
- Quad bikes are the leading cause of death in Australian agriculture and a significant contributor to injuries, with half of these related to the bike rolling over.
- This situation is preventable.
- Without immediate action we will continue to see the number of deaths and injuries related to quad bikes increase. As more quad bikes are sold in Australia, this will add to both the personal and economic burden.
- Quad bikes are often not the most appropriate or safest vehicle for the tasks they are being used for. Consequently, farmers should look at all of the options available to them (e.g. tractor, ute, motorbike, side by side vehicle, horse).
- Quad bikes are prone to rollover due to a lack of stability. This results in death from crush injuries and asphyxiation.
- Crush protection devices (CPDs) provide increased protection to the rider when the bike rolls.
- There is one CPD in Australia which has been developed and tested for use on quad bikes.
- The science underpinning the manufacturers' decision to oppose CPDs has been demonstrated to be invalid.
- Fitting a CPD could potentially reduce the number of quad bike deaths by up to 40%.
- Evidence from the USA is clear that for the last 20 years manufacturers have had information about the risks posed (i.e. deaths information through the US Consumer Product Safety Commission) and have not made significant changes to quad bikes to improve stability.
- Quad bikes are not safe for children. The carrying of passengers significantly increases the risk of injury.
- Manufacturers' recommend that people under the age of 16 years should not ride them and that passengers should not be carried.
- CPDs are the most important safety initiative and the one that can have the most immediate impact to reduce death and injury from rollovers.
- Helmets and education form part of a comprehensive prevention package to reduce the impact of injury.
- Currently, the cost of a quad bike does not include safety equipment which should be used when riding (e.g. helmets).
- The relationship between vehicle travel speed and severity of injury and fatality has been well established. This also applies to the use of quad bikes.
- Australia has had outstanding success in reducing tractor rollover deaths by 70%. This was achieved through an engineering approach placing rollover frames on tractors.



### We recommend that:

- CPDs be mandated for all quad bikes.
- An Australian Design Rule be developed for quad bikes.
- A technical standard for CPDs be developed.
- New sales of child size quad bikes be stopped.
- Children under the age of 16 should not be allowed to ride quad bikes of any size and quad bikes should be designed so that this is not possible.
- Passengers should not be carried on quad bikes under any circumstance and that quad bikes should be designed so that this is not possible.
- The purchase cost of quad bikes must include appropriate safety equipment.
- The development of information on the selection of appropriate vehicles be undertaken and made available to farmers, pastoralists and rural industries.
- The development of information about the safety features and stability rating of quad bikes be made available to farmers, pastoralists and rural industries.

### What needs to happen:

- All existing quad bikes should be fitted with an approved CPD
- All new quad bikes be fitted with an approved CPD by the manufacturer or at point of sale.
- Fast track the development of a technical standard for CPDs.
- Regulation of CPDs be accompanied by a rebate program funded by the manufacturers.
- When purchasing a quad bike, the cost of safety equipment should be included as part of the package.
- A campaign targeting parents to increase their understanding of the risks associated with quad bike use is required.

### ►► What happened?

Injury and fatality continue to occur. Anecdotally there is a shift away from quad bikes to side by side vehicles by some in the agricultural sector.

There has been aggressive marketing of child size quad bikes targeting not only rural families but remote communities.

I'm pleased to report that industry has responded with several prototypes of crush protection devices – these are not supported by manufacturers who have not changed their stance. Also helmet design for hot climates and tracking devices for isolated workers have featured in more localised responses.

One of the issues to consider is the evolution of the quad bike – in the 1980s these were 125cc now can be 900cc – bigger and much more powerful.

Quad bikes have their place – it's important that the rider or farmer assess the work required and match the vehicle for the job – horse, bike, side by side, quad etc. All riders of which ever vehicle require training and safety equipment. RANs have a big role in educating families and enterprises on this important public health issue.

### Here are some useful links to information and ongoing work:

[www.safeworkaustralia.gov.au/quad-bikes](http://www.safeworkaustralia.gov.au/quad-bikes)

[www.farmsafe.org.au](http://www.farmsafe.org.au)

Australian Centre for Agricultural Health and Safety (ACAHS or AgHealth) <http://sydney.edu.au/medicine/aghealth/index.php?id=5040>

Professor Sabina Knight  
Mount Isa Centre for Rural and Remote Health  
James Cook University ●

## from elcho to alaska

**It's a long way from Elcho Island to Alaska. As the crow flies, the two places are approximately 10,500 kilometres apart, separated by the North Pacific Ocean.**

There are also vast differences in terms of climate and culture. However, there's one thing the two places have in common – incidences of viral hepatitis in Indigenous communities, and a desire to effectively manage it.

A team of community-based researchers from Elcho Island, supported by Menzies School of Health Research, made the long journey

to Anchorage from their home in Galiwin'ku to present at the World Indigenous Peoples' Conference on Viral Hepatitis last month.

For the three Indigenous researchers – Sarah Bukulatjpi, George Gurruwiwi and Roslyn Dhurrkay – it was also their first time overseas.

"This trip is important because it means our researchers will be able to share knowledge on how to treat hepatitis B, a disease that affects all remote Indigenous communities," said Paula Binks, hepatitis B program manager at Menzies, in the lead up to the trip. ►►



L-R: Melita McKinnon, Sarah Bukulatjpi, Roslyn Dhurrkay, George Gurruwiwi and Paula Binks.

» “They will also be able to meet their peers and participate in cross-cultural experiences. It’s a once-in-a-lifetime opportunity for them.”

The planning for the trip triggered a series of processes and events, including officially changing their names, applying for passports, shopping for warm clothing, filming video abstracts for the conference, and applying for funding assistance.

**“This trip is important because it means our researchers will be able to share knowledge on how to treat hepatitis B...”**

Sarah, an Aboriginal health practitioner specialising in the management of hepatitis B, said she was looking forward to traveling to

Alaska, despite the mix of emotions at the thought of being away from country for so long.

“We want to find out how they do hepatitis B research there,” she said.

“Hepatitis B is hard to explain in language; there are lots of medical terms. I talk about it in plain and simple language and use pictures to tell people where their liver is and explain how immunisation can help protect them.

“It’s important for me to be with the Yolnu people. I want to keep doing what I’m doing and help them; that is why I chose this job.”

The trip was made possible due in part to generous support from several persons and organisations, including Menzies School of Health Research, Hepatitis Australia and Airnorth, who flew the researchers from Elcho Island to Darwin and back for passport interviews and the first leg of their long journey to Alaska. ●

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## a matter of support



Menoring FNP students from Chicago at Saibai.

**Talk to Doune Heppner for a few minutes and the word ‘support’ will crop up a few times. It’s a key necessity of life, she says, and it’s something she values as both a provider and a recipient.**

Doune, a country girl from Western Victoria, who has spent the past 12 years working in communities in the Torres Strait, was drawn to community nursing from the start.

“I was hospital trained, as you were in those days,” she says, “and I always felt there was a bit more to life for the patients than being in hospital. ‘Why did they have to be in their pyjamas as soon as they were admitted?’, I used to think.”

But back then, “you just fell into community nursing, there was no clear pathway. Thankfully, there is a very established pathway now,” she says. »



►► While Doune applauds the support and mentoring now available to nurses considering rural and remote careers, she sees room for improvement.

"There's much more support now: CRANaplus is a great place to start. With a great understanding of what it is like to work remote, undergraduates are supported and encouraged at the start of their career. They are offered support, scholarships, and mentoring programmes, not to forget the Bush Support Services which I have used.

"They are all crucial. I'd like to see more. Nurses also need financial support, educational support, and good matching of mentors.

"I feel Nurses undertaking Nurse Practitioner studies are not as well supported as they could be. I've seen what some overseas educational institutions do, and our universities and colleges could look at doing more, especially with students on placement in remote locations."

Doune loves her roles of mentoring and teaching.



"I have loved teaching along the way: Indigenous health workers, student nurses, peers. It's very rewarding.

"With students doing placements in remote locations, sometimes I have found it better if there are two of them. They can look to each other for support," she says.

Doune also sees the value of support for graduate rural and remote nurses.

"It takes time to find your rhythm to find what you are capable of," she says. "You probably need more support than you think you do. Most nurses working in these locations have a strong sense of social justice. But you can't put yourself last. You have to look after yourself to be able to contribute to the community.

"The best support you can give patients and their families is to give them your time and a comprehensive assessment. Small steps. You have to look at different ways to measure success.

"These nurses also need professional support because they are professionally isolated," says Doune, who encourages rural and remote nurses to schedule and make time available for that teleconference or further education.

Doune's early nursing career was at the Royal Women's Hospital in Melbourne, the Repatriation hospital and the Children's hospital. She also spent three years in the Air Force as a nursing officer to learn more about retrieval and aviation medicine. She then worked on various islands off Queensland.

"The Air Force prepared me for the unexpected," she says, "and living unsupported in remote environments."

Left: My midwifery skills extended to local livestock too.

Right: Triaging PNG national at Saibai.



Doune then studied midwifery and worked in the high-risk unit in Nepean Sydney. She has worked in the desert and in coastal communities in the NT, doing various jobs, including hospital work, as a midwife, as a DON and as an educator, before finding her niche in the Torres Strait.

**"The best support you can give patients and their families is to give them your time and a comprehensive assessment..."**

"I love the tropics, although I still haven't quite acclimatised," she says. "It gets into your blood."

"I like having to use all my skills and being pushed to my clinical limits. It is a little bit of everything – immunisations, counselling, emergencies, the occasional trauma patient. You need to prioritise your workload and recognise your own clinical limitations, and to safely care for the patients and yourself in the community."

Based mainly in St Paul's community on Moa, Doune has worked on most of the islands, in communities varying from 60–700 people.

"In the communities, you share many happinesses and many sadnesses as a team, and if you can't build those relationships with the Indigenous Health Workers on the ground, you won't last," she says. "There needs to be mutual respect and support for each other. Initially as an outsider it takes time to develop respectful and trusting relationships with indigenous health workers and the community"

Doune, who also undertakes work as a Facilitator of CRANaplus Remote Emergency Care (REC) courses, says: "I wouldn't have been able to do all of this without the love and support of my husband Harry."

"Now it's time for me to support Harry." Because of her husband's health problems, Doune is currently working from Cairns, and doing stints on Moa every couple of months.

"Nursing. This is what I am," says Doune. "I have served it well and it has served me well." ●



# REC course knowledge off to a little arctic bubble

**Julia Roosens is about to transport some CRANaplus REC knowledge to a little Arctic bubble.**

Her story begins when, disenchanted with private-clinic nursing, Julia swapped her urban life in her home country of Switzerland for a dog handler's job in the Arctic circle. As you do.

Once there, she found she couldn't quite escape the medical world.

"My time in the Arctic was not something I had planned at all," says Julia, who is currently travelling around Australia, fitting in a CRANaplus course while catching up with former Aussie workmates. Here's her story.

I graduated with a Bachelor of Arts and Sciences degree in Nursing from a school linked to one of the biggest hospitals in Switzerland, and then I worked in a private clinic in the city for a short time. I felt very disenchanted with my experiences in the urban medical institutions, so I decided to put everything on hold for a while and do something completely different. I took off to arctic Finland.

I started working as a guide and dog handler on a farm of 170 huskies, amongst a team of 14 other guides. The farm is situated more than 200 km north of the Arctic Circle, in a municipality of 2000 inhabitants, and about 20,000 reindeer.



Photo: Jerome Cantalupo.



Photo: Jerome Cantalupo.

The harsh winter conditions can see us face sub zero temperature down to -45°C, without factoring in wind-chill! At this time of the year, we also get several weeks of polar nights, frequently lit up by the bright northern lights.

The arctic snowy wilderness is the reason I fell in love with the place. The high Tundra arctic plateaus are only 20 km away and some of our longest trails (200 km) take us up there for several days with small groups of clients driving their own sleigh with 4 to 6 dogs, sleeping in wilderness cabins on the way.

Although my intention initially wasn't to get involved into any medical activity, the nature of the work, and more than anything, the setting, brought me back to nursing.

Firstly by necessity: we have a health centre in the village, but it is closed outside normal working hours and on the weekends. The closest ambulance is kept in the nearest hospital, a six-hour round trip from our 'base' and the closest helicopter, assuming it is available immediately, is a two hour flight away.

In addition, for priority management reasons, before sending in the ambulance, the patient has to be seen and approved for transport by the local team of volunteer fire fighters who can take some time to reach the patient. Add to that the transport procedure if the patient has to first be evacuated from a wilderness cabin by snowmobile: our most remote cabin takes a few hours to get to on a bad stormy whiteout day. ►►

» I came to realise that, despite my little practical experience outside of nursing school, I could put as much of my knowledge as possible to use, as part of a team where the owners (both seasoned adventurers) are trained through a wilderness emergency medicine course, and the others for Basic Life Support (BLS).

**...I love the approach of doing our best with what we have and daring to get creative to find solutions. It is extremely rewarding.**

First of all, I became the in-house community nurse of the guides team: from concussion to frostbites, dehydration to flu outbreak, dog bites or moral support, I make sure that my stubborn colleagues are in good health and access a medical facility when needed.

My second type of work is client-related: I read all the mandatory medical forms they fill in when they arrive prior to going on safaris, and triage the people who are at risk, mainly, of getting frostbite. All the clients go through a lengthy group talk on cold-related injuries and hypothermia before setting off on their adventure, but those particularly at risk get a face to face chat to give them as many tools as possible to enable them to communicate any issues to their guides as they arise. It's a bit too late to chase after black toes in the evenings. I also make sure that people on medication have it with them, and that they are correctly stored, since the sub zero temperatures can freeze injectable drugs and inhalers!

It is also my responsibility to make sure all our First Aid Kits are sufficiently and correctly stocked, that the team knows how to use the contents, and come up with ideas to work around the cold issue (lesson learnt one day trying to get hand disinfectant out of the bottle and finding myself battling with a solid block of ice).

Finally, my last nursing role is to provide first aid in case of accidents until the emergency services get to us: whether it's treating a deep supra-orbital laceration from a frontal collision with a tree or a fractured forearm from a fall. It is for this reason that I registered for the CRANaplus Remote Emergency Care (REC) course; to bring back as much knowledge as possible to our little arctic bubble, in case of emergency.

I absolutely love my job in Lapland. I love that my nursing role is not a daily activity. I love having colleagues from all over the world, who, coming from non-medical backgrounds, remind me of the patient's point of view. Lastly, I love the approach of doing our best with what we have and daring to get creative to find solutions. It is extremely rewarding.

The off-clients season is usually the time where I leave the farm with my partner, who works as a guide with me, to travel until the next winter season. This year we decided to come to Australia, birthplace of 'the barbie'. A lot of our team members are either Australians or New Zealanders, probably due to a touch of southern hemisphere wanderlust, and their fantastic personalities made us want to discover where that all came from.

**The course was absolutely fantastic, and it went above and beyond my expectations.**

We started our Australian adventure in WA, and on our first stop we worked in a macadamia nut farm in Yarloop, owned by a couple of extremely nice paramedics. When I told them about the challenges we are facing in our workplace, they recommended the CRANaplus course for Remote Emergency Care. When CRANaplus contacted me to tell me they would make it happen, I was thrilled! At that point I was working in a backpackers hostel, and I got to work on the pre-reading manual and studied everyday on the hostel veranda, between the coffee machine and the pet cat.

The course was absolutely fantastic, and it went above and beyond my expectations. I learnt so many useful skills and had so much fun doing so! I mumble my DRABCDs in my sleep now. It gave me a lot of confidence and a very practical approach to what I can and cannot do in my setting. As a complete outsider, the other students welcomed me with open arms, infinite generosity and a lot of patience for my initiation to the Australian slang.

The teachers were extremely knowledgeable and practical. Wendy is absolutely hilarious, Andrew has a way of making everything simple and straight to the point, Phil makes you feel like

you are capable of doing just about anything, Kathy seems to be able to read your mind when you need something to be explained again, and Dale is full of great ideas to adapt the content of the course to the reality of your practice. He also gave me great advice for alternative solutions regarding my first aid kits to sustain the cold. Overall I had a blast.

Now that the course is over, it's off to catch up with more Aussie workmates, some work on a husky farm in Mt Baw-Baw, and then back to the Arctic to put my new-found knowledge into practice.

[www.hettahuskies.com](http://www.hettahuskies.com) ●



Photo: Jerome Cantalupo.



# long-lasting connections

**Binu Joy paints a picture of life as a rural nurse with her story of working in the small town of Robinvale in Victoria.**

Robinvale is a small rural town in Victoria, on the Murray River and NSW border, five hours from Melbourne. Robinvale is a busy agricultural area and attracts workers from many cultural backgrounds with in excess of forty ethnic groups being identified. There is also a large cohort of indigenous people.

Binu Joy is Nurse Unit Manager (NUM) at Robinvale District Health Services (RDHS). Binu has worked at RDHS since 2007, previously working in India and Saudi Arabia. Reflecting on her first impressions of Robinvale, Binu said "I was surprised by the vast landscape and the low number of people compared to India".

RDHS is 85 km from the nearest regional hospital and Binu did have concerns about maintaining her skills in a rural setting. However with the reintroduction of Dialysis in 2009 and being appointed NUM in 2010, this gave Binu the extra responsibility she craved. Having previously worked in Dialysis, Binu was very excited to head a team of nurses managing local needs as a satellite program supported by Royal Melbourne. Unfortunately the demand for dialysis continues to grow within the community and the program is able to offer support to the regional hospital and holiday makers to the area.

The Urgent Care Centre averages six outpatients a day with Visiting Medical Officer support provided by local GPs. There are many occasions where there is no Doctor support. The complexity of presentations can vary and includes cardiac episodes, respiratory conditions, motor vehicle accidents and workplace accidents. Binu has grown in confidence in managing the critical first response care and the stabilisation of patients for transfer. RDHS staff work closely with Ambulance Victoria in this aim. Binu acknowledges that her skills are

maintained with education and exposure to a wide variety of presentations. "Nurses in the rural setting get opportunities to practice skills that in larger hospitals would be attended by Resident Doctors," she points out. The Rural Isolated Practice Endorsed Registered Nurses (RIPERN) program has provided Binu with an enhanced skill set. Binu also reflected on the complexity of care delivery being compounded "with an Indian nurse, an Italian Doctor and a Vietnamese patient".

**It is also heart-wrenching when we don't 'save' a patient in an emergency situation, especially a child. The connections you make with families is long lasting and they never forget you and your efforts".**

An area that Binu finds tough at times is palliative care. "Caring for community members and their families at such a sensitive time can be both rewarding and difficult as they are usually known to us," Binu says "Being acknowledged for our efforts out in the community is not something you often get to see in big hospitals. It is also heart-wrenching when we don't 'save' a patient in an emergency situation, especially a child. The connections you make with families is long lasting and they never forget you and your efforts".

For Binu the rewards of working in the rural sector outweigh the negatives. Binu now admits whilst she enjoys a visit to the city, after a few days she is very happy to get 'home' to Robinvale where it literally takes her minutes to get to work. ●



Binu Joy NUM with Dialysis patient Seini Kaufusi.

# outback mishap

**Trevor Nowak has learned firsthand that the awesome reputation of the Royal Flying Doctor Service and the legendary Outback hospitality are definitely well deserved... in a most unfortunate way.**

Trevor, a Registered Nurse in Adelaide, was 250 km up the Strezlecki Track only 50 km from Moomba in the north of South Australia on his first ever Outback motorbike ride when the accident happened.

He is now minus his spleen. And full of admiration for all the help he and his mates received.

The plan was for Trevor and his mates to spend a week motorcycling up to Birdsville and home again.

"We came unstuck on Day 4," says Trevor. A wet and slippery road was the issue.

The convoy of three bikes and a 4WD back-up vehicle had slowed down and took extra care when they saw the 'road works ahead' sign. With 1000 km clocked up so far on their Outback adventure, they knew to be careful. The accident was over in seconds as the bikes fell like a

pack of cards. The first cyclist wobbled a bit on the wet track, but somehow managed to stay upright, the second slipped and fell over, Trevor, on the third slipped and fell heavily.

Trevor knew he was in trouble. Having difficulty breathing and feeling his ribs moving, he knew there were a few fractured ribs and a punctured lung in there. Then his abdomen began to swell and feel tight and the intensity of the pain increased. He was bleeding internally.

The road crew operating the plant equipment contacted the health service in the Moomba township, 50 km away. The Moomba medical helicopter transferred Trevor from the Strezlecki Track, with Cameron, the nurse on board managing his pain until they reached Moomba where the RFDS crew was waiting to stabilise and prepare for further evacuation to Adelaide. They took him on to nearby Broken Hill, where the RFDS crew was changed over, and finally it was a flight to Flinders Medical Centre in Adelaide where Trevor was whisked into theatre and his spleen removed and chest injuries managed.



L-R: Phil, Trevor (me), Paul and John.



The CRANaplus courses, enabling remote health practitioners to keep their skills up to date, are a major contributor to the efficiency of Outback medical services, says Nurse Practitioner Chris Belshaw, in charge at the Moomba health centre when Trevor had his accident.

**"As a nurse, I assumed the Royal Flying Doctor Service was available out there when you need it – and it certainly was."**

"We need to keep our skills honed, and the courses enable us to do that," he says. "People often don't realise how different and how difficult the road conditions are. Trevor and his mates were riding very sedately, but the road conditions are very poor. Couple that with the remoteness when something goes wrong... Trevor is a lucky man."

Six weeks after the accident, Trevor was ready to get back to work, knowing that, minus a spleen, he will be on medication for the rest of his life. He's also looking forward to getting back into the Outback – driving a 4WD. "I won't be motorcycling in the Outback again," says Trevor.

"I don't want to put my family and myself in that situation again."

The guys spent six months preparing beforehand, practising on sand and dirt roads and ensuring their bikes were totally equipped for the ride. "I am very conscious of how remote we were at the time of the accident.

"As a nurse, I assumed the Royal Flying Doctor Service was available out there when you need it – and it certainly was. The guys did everything necessary with minimum delay. I am very thankful for the expert care I received "

And the care factor was extraordinary, says Trevor.

"Chris, the Nurse Practitioner from Moomba kept my wife informed regularly about what was happening as I was being transported.

"The road maintenance crew supported my mates incredibly, feeding them and looking after them, and the team manager arranged for my bike to be taken further south to be picked up, refusing any money.

The Outback hospitality was wonderful and very much appreciated.

"I had a really good experience under unfortunate circumstances," is Trevor's summary. ●



# king island calling

**For Robyn Bridgewater, the move to King Island has given her the lifestyle change she was looking for. And she's discovered something more – the ability to make a difference.**

When the position of Director of Nursing (DON)/ Site Manager at King Island Hospital and Health Centre (KIHHC) came up, Robyn was drawn to the idea of working in a remote location, but not too far from the big lights of Melbourne.

Five and half years later, she's still there, and loving it!

"I just love the quiet life on King Island... it's a small rural township with no traffic," she says. "A big change coming from Bendigo in Regional Victoria – but I can still pop across to Melbourne every couple of months for a theatre or fancy restaurant fix!

"I love the diversity and the challenges here, and the ability to make a difference. I think you

get to see that you are making that difference when you work in a rural or remote facility."

Robyn's over-arching role at the hospital sees her finger in many pies.

She provides overview to all areas of the hospital, including acute, aged care and community services.

She also oversees all quality and safety processes at the hospital, as well as having over-arching responsibility for staff management and Human Resources.

"Human Resources is a major part of my role – from recruitment to retention, day-to-day management to ensure safe staffing levels, health and wellbeing and work, health and safety," she says.

Robyn also oversees all building and site management issues, and well as being heavily involved in consumer engagement.

"It certainly keeps me busy... but the hospital's current structure also includes a Clinical Nurse Coordinator who provides clinical leadership, and therefore enables me time to perform my site management duties. I really love the variety," she says.

"And at the end of the day, I can leave work and play a round of golf, go for a walk on the beautiful island, or snuggle up with a good book...it's a great work-life balance."

Recruitment is an ongoing challenge at KIHHC, in all areas of employment. As King Island is a small population, it relies on many potential staff relocating to take up a position.

"I can assure you, it's well worth it," she says.

"We have a fantastic team here at KIHHC, it really does feel like a family... and the opportunities staff have access to are far greater than that of the bigger tertiary hospitals."

**To find out more about employment opportunities at the King Island Hospital and Health Centre, contact Robyn Bridgewater on (03) 6462 9900 or email [robyn.bridgewater@ths.tas.gov.au](mailto:robyn.bridgewater@ths.tas.gov.au)** ●



# cool perks of the job



## Enrolled Nurse Kayla Onions, relishes her role.

Between completing university studies, working full-time as an enrolled nurse, providing support to her colleagues as a Mental Health Officer and taking on a health and safety role, you have to wonder when Kayla Onions finds time to sleep!

But Kayla considers herself exceptionally lucky to be given so many opportunities at the rural facility.

Working at King Island Hospital and Health Centre (KIHHC) has allowed me to explore numerous areas which I may never have experienced at a larger metropolitan hospital," Kayla says.

Aside from the clinical opportunities, there are other very cool perks to her job.

"It's such a family vibe between the staff here," she says, "and being such a small population on King Island, you also really get to know your client base.

"Not to mention the amazing food and views on the island! The sunrise I get to see at the end of a night shift is just stunning."

Kayla grew up in a small town in Northern Tasmania, so when the opportunity to work

in another rural area came up, she was open to the idea.

"I was happy to relocate when I graduated as an enrolled nurse... I knew nothing about King Island until I decided to give the position a go," she says.

"I fell in love with the people and the opportunities that are constantly made available to me."

Apart from her various roles at the hospital, Kayla is also in her second year of a Bachelor of Nursing degree. "I honestly can't recommend working in the rural and remote setting highly enough," she says. "I feel like my time at KIHHC has really set me up for a long and extremely satisfying career in nursing.

"I'm not sure where I will be in 10 years' time, but I am interested in working in forensic mental health and adolescent eating disorders. I would also like to further my skills in work, health and safety... so no doubt more university!" ●

Above: L-R: Robyn Bridgewater, Director of Nursing/Manager; Cathy Lane, Clinical Nurse Consultant and Kayla Onions.

Right: L-R: Kayla Onions with colleague RN Bianca Pruis.





# so near and yet so far



**Remote area nurse Tanya Rinaudo says she has found paradise in Milikapiti, a community of 450 people on the Tiwi islands.**

"I've worked in remote communities, predominantly in WA and the NT for the past six years, and for the past

10 months I have worked on the Tiwi Islands at Milikapiti," she says. "Words can't express the love I have developed for this community and the people who live here as they have welcomed me into their home and into their hearts."

Milikapiti consist of the very young to the elderly. "Even though we live in paradise, we still face our share of heartache when we lose someone," Tanya acknowledges, "but we also rejoice as a community in pure joy when we welcome an early arrival of one too impatient to wait in joining us."

"One of my most wonderful experiences is that only a couple of months ago I delivered a

beautiful baby boy in our clinic. What a most memorable moment in time this was as the whole community was waiting just outside the doors of the clinic, and to hear the shouts of joy from them when they heard the baby cry for the first time brought tears to my eyes."

Tanya says she has had many wonderful experiences working remote. "They vary from severe trauma when you have to think outside the box to save lives, to just sitting and listening to help a young one stay alive," she says. "Our challenges are also great as even though we are close to Darwin – as the crow flies – but when weather forbids flight we have no choice but to do the work of a well-staffed Emergency department with just the RANs and the AHPs (Aboriginal Health Professionals) and we do this willingly and tirelessly."

Tanya also has embraced the relaxed lifestyle at Milikapiti, centering around fishing in the beautiful waters that surround the island paradise, and the young men going off buffalo and turtle hunting.

"The community often shares in the feasts that follow," says Tanya. "This is my home away from home. My Tiwi name is Pookamuka and I am blessed to live here." ●



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# a taste of the territory inspires victorian healthcare professional to take the plunge into a full-time role in the NT

Victorian dental therapist Natalie Bright is enjoying a 12-month contract with the Northern Territory Department of Health (NT DoH) after completing two, three-week placements with the Australian Government-funded Remote Area Health Corps (RAHC).

RAHC offers short-term paid placements to urban-based health professionals to support the hard working permanent health workforce in remote Indigenous communities across the Northern Territory.

Natalie, 48, is working for the NT DoH's Central Australian Health Service in Alice Springs and with school-based clinics, which will also see her travel to remote communities.

"When the job came up that was definitely part of the attraction for me, to continue with remote-area work, because I've enjoyed my other RAHC placements," she said.

**"I like the combination and variety of working in Alice Springs and the potential of going to very remote places as well."**

"I like the combination and variety of working in Alice Springs and the potential of going to very remote places as well."

Natalie grew up in Warragul and graduated in 2003 from the University of Melbourne. She was formerly employed at Latrobe Community Health Service in Moe and Morwell.

RAHC was designed to increase the pool of urban-based health professionals available

for work in Indigenous communities by attracting, recruiting and orienting them. Ongoing support and training is provided to assist with the transition to remote practice.

Natalie said the application process involved providing references and credentials, and undergoing background checks.

**"There are no luxuries; it's hot and dusty, so it's not for everyone. There's not much to do in communities either, so you need to keep yourself entertained, and you need to be culturally sensitive."**

"It's a rigorous process, but it's important to make sure that people are skilled and appropriate for the placements," she said.

Natalie encouraged people with similar backgrounds to 'give it a go' but said they needed the right motivation.

"It's a chance to experience something you would never do in a town or city," she said.

"It's not just the dental side but the whole cultural aspect, getting to know a little about Indigenous people and the challenges they face. Just go for it.

"There are no luxuries; it's hot and dusty, so it's not for everyone. There's not much to do in communities either, so you need to keep yourself entertained, and you need to be culturally sensitive. ▶▶





» “I have worked in private practice as well, but feel my skills are needed more in the public sector, working with disadvantaged communities.”

Natalie’s first placement with RAHC was at Maningrida in Arnhem Land, 500km east of Darwin, population 2,000.

“I absolutely loved it. I was so nervous going up; I didn’t know what to expect, whether I’d be any good, would I fit in, I was ridiculously anxious,” she said.

“When I got there I couldn’t believe I was so fortunate to be doing a placement somewhere that most non-Aboriginal Australians will never see and getting paid for the privilege. It just blew me away, I really enjoyed it.”

Natalie said the accommodation was in motel style, single rooms with a communal kitchen to share.

**“When I got there I couldn’t believe I was so fortunate to be doing a placement somewhere that most non-Aboriginal Australians will never see and getting paid for the privilege. It just blew me away, I really enjoyed it.”**

“That’s great because you get to meet other service providers and connect with them,” she said.

The experience boosted her confidence and she couldn’t wait to go back.

Her second placement with RAHC was at Ramingining in February for three weeks. The community of 800 people is 560 km east of Darwin.

First impressions included a dose of culture shock.

“I couldn’t get over the isolation; even the airport is just a single shed,” she said.

“It’s hard to describe how different it is. I just felt very fortunate to be there.

“The people were lovely, very nice. Communication can be difficult, but there’s usually someone in the clinic who can help with language and I tried to learn a few local words for things like water.”

Alice Springs is a modern, attractive regional centre in a stunning, ancient landscape.

“The town has a very laid-back vibe, I really like it,” Natalie said.

“I don’t have a job to go back to in Victoria; I hope the job might be extended up here, or I might go back to RAHC for placements until I find something.

“If I do return to Victoria I hope to continue with RAHC placements. My former boss was very good and allowed me to take leave without pay when I needed it.”

Natalie said that working with more complex dental issues had strengthened her skills.

“There are lots of younger kids with decayed front teeth; some of them need a huge amount of treatment,” she said.

“Soft drinks in communities are common and we see many kids with holes in their front teeth.

“Generally the oral hygiene isn’t that great. It’s disappointing, but in the context of other issues they have in communities, dental can be low on the priorities.

“You have to think about the context. If I’m seeing a kid now there might not be a dental team out for another few months so you think about what can be done with that child immediately so they will be okay until the next team comes through.” ●

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## reading resources donated to community

**The Cairns School of Distance Education have kindly donated over 32 boxes of resources to Apunipima Cape York Health Council to distribute throughout Cape York communities as a part of their 'Free Little Library' initiative.**

The resources will be an engagement tool to interact with kids in the Cape to promote the important of early literacy.

Apunipima Team Leader Amanda Wilson is excited about the connections kids will make with

these books, saying "Literacy is a strong predictor of health outcomes and as a health organisation we recognise the importance of developing a love of reading in the early years to promote better literacy and health later in life. This generous donation of educational resources will be much appreciated by families in Cape York."

These boxes contained a variety of educational books, games and puzzles for children of all ages.

**For more information contact: 07 4037 7246 or [isadora.yeatman@apunipima.org.au](mailto:isadora.yeatman@apunipima.org.au)** ●



## 20 years' living out of a suitcase

**Registered Nurse Troy Dicks has never owned a television, never been shopping for a lounge, fridge or any other home comfort instead he's collected a wealth of experiences, travelling the world.**

The 45-year-old has lived out of a suitcase for the past 19 years, on a permanent working holiday as a registered nurse in Australia. Photos on his social media pages are the kind that make every one stuck in a 9 to 5 job envious. One moment his backyard is a deserted white beach, the next he's trekking through rocky terrain in the Australian outback or sitting next to a smoking volcano in Costa Rica. The only constant seems to be a cold beer as he relaxes in a bar at the end of each day.

"It suits my lifestyle perfectly. I don't have any commitments, I don't have anyone dependent on me, I'm single and I consider myself very fortunate," he says.

Troy has just come off a busy night shift in the Emergency Department at Hedland Health Service in Western Australia. He's called me from his room in a nurse's hostel not far from the hospital. It was supposed to be a three-month contract with CQ Nurse but he's decided to stay a little longer and explore.



"On my last days off I went up to Broome, such a beautiful place, stayed near Cable Beach and watched the famous sun sets. Other days I've been up to the Karijini National park seeing all the beautiful gorges.

Doing the agency work I'm doing with CQ Nurse, I can pretty much pick and choose how long I want to work, I work for a few months and then I go on an overseas holiday. If I was full time in a hospital I'd have to wait until there was days available. So you'd have to compete with other staff members to get a holiday but being agency it's very flexible," he says.

About 50 per cent of the hospital staff at Hedland Health Service are agency nurses, they work, live and often holiday together. It's the comradery among the nurses and the relaxed atmosphere in each remote town he visits that provides him comfort and a sense of familiarity.

"You become part of the community, when I went to Lord Howe Island, I was there six months and got to know everyone on the island, and being the only fulltime nurse on the island everybody got to know me and made me feel part of the community."

Troy's nomadic lifestyle is very different to his childhood. He grew up in Coonabarabran, a small town near the Warrumbungles in New South Wales, and rarely set foot outside the area. His dad was the local postman and his mother was a nurse.

"We didn't travel when I was younger, not at all. It was only the wealthy families that got the chance to travel. I mean we grew up in Coonabarabran without a car, my mum and dad didn't drive. I was actually the first in the family to get a licence because in the small town the distances weren't too far, so we'd all walk to school or there was the bus, the local grocery store delivered the groceries."

I asked Troy if he ever intends to settle down and it's clear he hasn't really thought about it.

"Maybe if I fall in love I might settle but I enjoy this life and I have another 20 or 30 years' work left in me."

Right now the only plans Troy has set in concrete is an afternoon catch up.

"I'm going to meet up with one of the girls, we're going for a counter lunch at the pub, and maybe have a beer and few laughs." ●



Photo: Libby Bowtell



# inspired by kindness and competence

**Being the friendly Irish nurse was a bonus during his rural placement, reckons student nurse Colin Devitt.**

"I had forgotten how tough these Outback people are," he says. "No one ever admitted to pain, or requested a sick note. Some needed to open up, but were unable to voice their fears after a lifetime of being hard and tough."

Colin was first based in Hughenden which, according to the dreamtime, "sits at the centre of a vast plain formed when the turtle and goanna wrestled," Colin explains.

At the local hospital, with only about half of the building still in use, there's an average 10-20 patients on the ward, with perhaps the same again triaged daily in outpatients.

"I learned to navigate the Primary Clinical Care Manual like a veteran," says Colin. "Some of the RNs were happy to observe while I took

the lead, and somehow their confidence in me brought out a competence that I had not remembered displaying on previous placements. I learned to plan my handovers before calling the Medical Officer or medical and allied health in Townsville or Brisbane.

"I worked under two relief DONs, and was astounded by how differently – and successfully – each approached the role. They shared an uncommon kindness and competence that inspired me.

"I had opportunity to learn so much, and the nurses willingly shared their knowledge and skills.

"The RNs called me in at night whenever the QAS was incoming. On one occasion, I oxygenated a man with an air-viva for several hours while we waited and prepared for the RFDS."

Mount Isa Community Health was Colin's next stop.



"This was a type of nursing I had not experienced before, but I understood immediately that this was a human space that desperately needed kind and competent nursing," says Colin.

"The Chronic Diseases team members are dedicated to their patients and to their profession. I hadn't realised their autonomy and responsibility. I was entranced and fascinated as they talked about their missions, and their achievements.

**"I had opportunity to learn so much, and the nurses willingly shared their knowledge and skills."**

"In the mind of the Rheumatic Heart Disease Clinical Nurse, Acute Rheumatic Fever was a diabolical foe, with whom she was locked in mortal combat. I so admired her passion, and knew she would never give up."

Colin also speaks of the renal Nurse Practitioner who shared with him the resources and narratives that helped her explain to the Indigenous riverbed and desert peoples everything they needed to know about kidney failure and how to save themselves from dialysis and inevitable exile from country.

"The NP was the same age as me, and I realised that if I really wanted to make a change in the world, this was a way," says Colin, who also enjoyed hearing from her Aboriginal colleague, the other half of the team, who told him of lives they had bettered and saved.

During Colin's time at Mount Isa, nurses freely shared their knowledge, experiences, and tools. "My brain was filled with facts and realities about RHD, diabetes, pulmonary disorders, kidney disease, heart failure and metabolic syndrome," says Colin. He completed his placement filled with admiration for the nurses who he calls 'champions'. ●

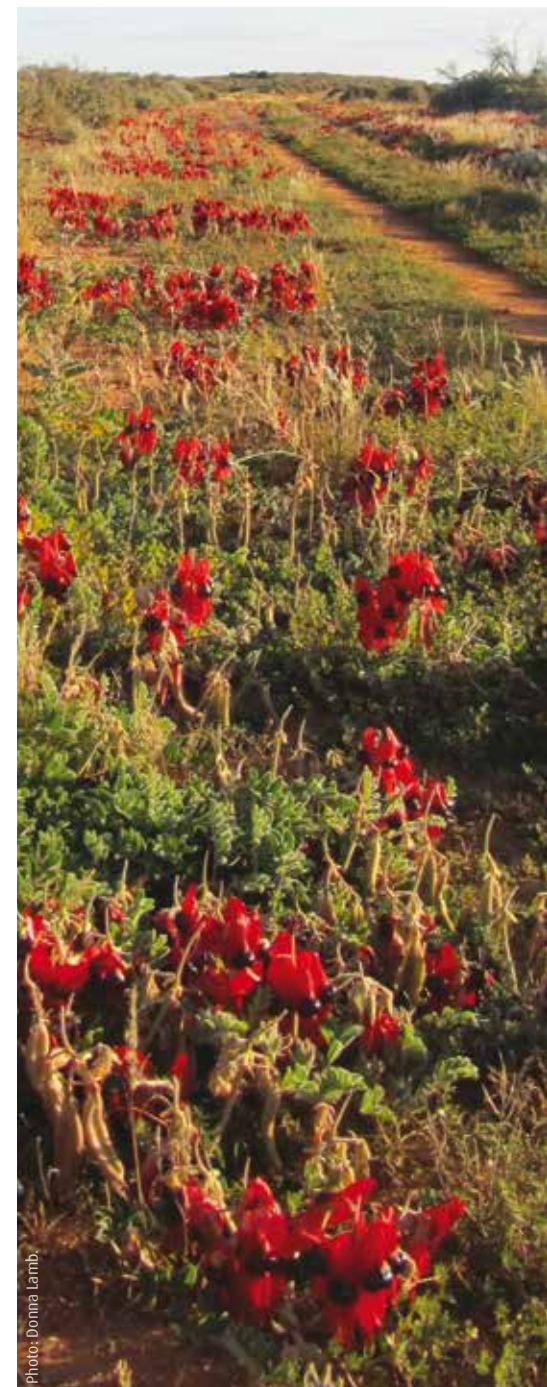


Photo: Donna Lamb



## career path set after placement

**For Ihor Havrylyshyn his four-week placement in Cooktown in Far North Queensland has completely changed his future nursing plans.**

"This placement gave me an opportunity to learn and practice not only a variety of clinical skills but also gave me a chance to develop excellent cross-cultural communication skills with Indigenous patients," he says.

Ihor's placement was with the Torres and Cape Hospital and Health Service (HHS) at Cooktown Hospital in Far North Queensland. "It totally exceeded my expectations about rural and remote area nursing," he says.

The Health Service is responsible for the health services of approximately 25,000 people across Cape York, the Northern Peninsula Area and the Torres Strait Islands, with 60 per cent of the population identifying as Aboriginal and/or Torres Strait Islander.

**"It totally exceeded my expectations about rural and remote area nursing."**

In 2014 a birthing service was set up at Cooktown Multi-Purpose Health Service for women from the Cooktown region who are assessed as having a low-risk pregnancy. This service came about after an absence of birthing services for 11 years. The region's midwifery group practice services were also expanded.

Cooktown Multi-Purpose Health Service (MPHS) is a 24-hour facility providing emergency, acute and residential aged care. It has two emergency beds, 16 acute beds, 11 residential aged care beds, and can also accommodate patients with palliative care and respite requirements. The range of allied health services include chronic disease prevention and management, dental clinics, outpatients,

medical imaging, physiotherapy, social work, dietetics, Aboriginal and Torres Strait Islander health, diabetes educators, aged care, home and community care, mental health and child health outreach services.

**"I experienced a very supportive, happy and friendly environment."**

During his placement, Ihor was involved in health assessment, dispensing and administering medication, IV infusions, managing chest pains, management of chronic diseases and undertaking general skills in the Dialysis Unit.



**"This placement completely changed my view and has positively impacted my practice for my future nursing career: I have decided to work in remote Indigenous communities after completing my studies."**

"I experienced a very supportive, happy and friendly environment," says Ihor. "It's also well-organised, and I obtained a deep understanding of the accomplishments of nursing staff who specialise in rural and remote places.

"This placement completely changed my view and has positively impacted my practice for my future nursing career: I have decided to work in remote Indigenous communities after completing my studies.

"I can't say enough about the experiences I had in Cooktown Hospital. The nurses were so easy to talk to and really wanted to help me learn. My clinical instructor, Daphne, was just absolutely fabulous. She taught me how to always have compassion for my patients and to see that even a little bit of extra care can go a long way with someone who is critically ill.

"In the end, from all my heart, I would like to say thank you to CRANaplus for the financial support in making this brilliant experience possible through the Undergraduate Remote Placement Scholarship scheme." ●



# I'll be back!

**Medical Student Isobel Blackwood had no idea what to expect when she stepped off the plane in Alice Springs to start her remote placement. Apart from knowing it was going to be hot.**

And hot it definitely was.

As Isobel walked into 41-degree heat “the thought crossed my mind that maybe I was crazy,” she says now. “Why had a born and raised Tasmanian signed up to six weeks in the ‘Red Centre’, especially during the height of summer?”

Isobel was doing an elective placement in the Alice Springs Hospital emergency department as part of her final year of medicine. Many people go overseas for this rotation, but she had wanted to explore an area of her own country that felt just as foreign.

“On the drive into town, I was surprised with the kilometres of green spiky grass that I was driving past, as it was nothing like the red, rocky desert that people had told me about,” she says.

“The emergency department was just as unexpected, being far larger and busier than I had imagined. As I turned up to my first shift, I was anticipating that I would be asked to shadow one of the doctors, but as soon as I introduced myself I was sent off to assess a new patient of my own and report back to the doctor in charge.

“This set the tone for my entire placement,” says Isobel who was able to contribute to the care of a diverse range of patients with just as diverse presentations: everything from minor wounds and coughs in fast track, to incredibly ill patients in the resuscitation bays.

“I was completely immersed within the department, assigned to see my own patients and expected to function as a part of this large, bustling team.

“There was an understanding that I was a part of the team, and everyone was keen to make sure I was involved and learning,” she says. “Coming from placements in tertiary metropolitan hospitals, where you are lucky to even fit yourself into the patient’s room during ward rounds, this was an exciting and daunting change.”

**“the thought crossed my mind that maybe I was crazy...”**

Aside from her shifts in the emergency department, Isobel set out to see what else her placement in the ‘Red Centre’ could offer, and wasn’t disappointed.

“I assisted with a bush ophthalmology clinic in a small community that could only easily be reached by plane and I spent one day on a multi-patient retrieval with the Royal Flying Doctor Service,” she says.



“These opportunities offered an insight into how healthcare is provided across many areas of Australia and helped me understand the contrast in accessibility for these communities compared to those in metropolitan locations.

My time in Alice Springs was everything I had hoped for, and some more. The community, the team work, the exquisite scenery and endless opportunities to enjoy being out in nature makes me think that it won’t be too long before I’ll be back.” ●

Left: The ‘Red Centre’ has gone green.

Above: The only shade on the tarmac!



# advanced and diverse skill set

**"I have never before experienced a work setting quite like this," was the comment from third-year Nursing student Cody Cameron after his placement at Mount Isa Hospital.**

Cody, who had heard stories of how remote and isolated the location was, saw and felt the transition on his 14-hour drive from the lush green tropics of Cairns to the arid flats of the gulf.

"So, upon arriving in Mount Isa, I was surprised by how developed the town itself was," he says. The wide variety of comfort items he was used to were still accessible, such as fast food chains, fully stocked supermarkets and various sporting facilities. He had also underestimated the sheer size of the Mount Isa hospital.

**"It quickly became obvious how skilled, knowledgeable and adaptable the staff in the region are and how pursuing a career in rural and remote Australia requires an advanced and diverse skill set – both clinically and culturally."**

But some things were very different to what he was used to.

"I had the opportunity to visit the community on several occasions, making me realise how evident 'the gap' still is, within some parts of Australia," he says.

In addition, he discovered the day-to-day role of nurses and the multidisciplinary team in Mount Isa differs immensely to those within urban or metropolitan areas.



"It quickly became obvious how skilled, knowledgeable and adaptable the staff in the region are and how pursuing a career in rural and remote Australia requires an advanced and diverse skill set – both clinically and culturally."

Cody was intrigued by the range of career paths that led the staff to Mount Isa "triggering my imagination regarding my own future career path."

Outside the hospital environment, he discovered that Mount Isa appeared to be an active and family orientated community. "My daily run up the hill in the early morning hours was accompanied by vast numbers of people undertaking the same," he says.

"Throughout the week, the city offers a wide variety of local events and gatherings, such as trivia nights and social sports."

Then there are the surroundings of Mount Isa, offering stunning sunsets, camping spots and swimming holes, which Cody explored during his spare time. After an overnight camping trip by the water, he made the trip towards Cloncurry to Lake Mary Kathleen, an old open cut uranium mine with picturesque turquoise water. He was also directed by locals to view the sunsets over the city from the top of Telstra hill and also to try his luck fishing in Lake Moondarra. "Both did not disappoint," he says.

"Overall, my time in and around Mount Isa was well spent and allowed me to develop a greater insight into my own future goals of working in rural and remote Australia. ●





# care and compassion

**Third-year Bachelor of Midwifery student Demi Chilchik finished reading *Outback Midwife* by Beth McRae, and was inspired to complete her work placement in the Alice.**

And so she became the first student at the University of Technology in Sydney (UTS) to get a placement in another state.

"Since I began my degree, I always knew I wanted to complete a rural placement," says Demi. "When I received confirmation that I had successfully been placed at Alice Springs Hospital (ASH), I was ecstatic, and could not wait to go and immerse myself into a culture I had learned so much about.

"I have always been passionate about doing my part to assist in closing the health gap for the Aboriginal and Torres Strait Islander community, and what better way to learn how to do so than on a rural placement in Alice Springs.

Demi's placement began with a cultural orientation conducted by the Centre for Remote Health. "I was in awe of how multi-faceted and rich the Indigenous culture is, and how much knowledge these women had regarding the laws and customs of the Aboriginal and Torres

Strait Islander peoples," says Demi. "It was at this point that I began to realise that no matter how much I thought I already knew about Indigenous culture, I still had a considerable amount to learn."

Demi says she didn't know what to expect when she walked into the hospital's Maternity Ward. "I was greeted by the most welcoming staff. The next two weeks I worked alongside a team of incredible nurses, midwives and doctors who provided me with invaluable experience and skills that I will carry forward into my practice as a registered midwife.

"I worked across multiple areas of Maternity, including, Neonatal Unit, Delivery Suite, Midwifery Group Practice, Domiciliary and Lactation. I was privileged, through the Midwifery Group Practice and Domiciliary programmes to be able to assist on some home visits to women in the communities. This allowed me to develop a greater understanding of the specific determinants of health that influence the health outcomes of the rural and remote communities.

"I was amazed by the standard of care and passion exhibited by all the staff I worked alongside. The knowledge and skill of the



medical staff at ASH is of such a high standard, and their willingness to teach made my placement so much more worthwhile. The level of commitment and unwavering dedication towards providing culturally competent health care was so inspiring, and further amplified the importance of working collaboratively to close the health disparity. Being able to learn from staff members with such skill was an honour, and I truly believe I will be a more competent midwife for it."

**"I have always been passionate about doing my part to assist in closing the health gap for the Aboriginal and Torres Strait Islander community..."**

Demi, who hopes to return to the rural setting in the near future, considers she now has a far greater understanding and appreciation of Aboriginal and Torres Strait Islander cultures, and has gained the ability to provide culturally competent midwifery care.

"I urge all health care students to complete a rural placement during your training years," she says. "The knowledge and skills gained are simply invaluable." ●





# no day is ever the same

**Accepting a placement in Kununurra hospital in northern Western Australia was the best decision third-year nursing student Kate Phillips has ever made, she says.**

As her dream is to be a rural nurse, the placement has sparked her passion to work away from the city.

"As a nursing student I always wanted to complete a rural placement," she says, "so when I found out I was going to Kununurra for six weeks, I was so excited. I landed in Kununurra on the Friday afternoon so I could settle into my accommodation and get to know my way around the town before starting my practicum on Monday morning.

"The first three weeks was in the Emergency Department, my first time into an ED. I felt really nervous as I did not know where any equipment was or the routine of how the ED ran. Luckily, the nurses, doctors and all the staff at Kununurra hospital welcomed me and showed me around."

Kununurra hospital deals with a huge mix of patients: paediatrics, maternity, elderly, mental health, generally unwell patients and trauma patients. So having this experience in the ED was a great opportunity for Kate to learn a vast range of skills and look after a huge range of patients.

"I was also able to work a few days alongside the community mental health team," says Kate. "This was great because I was able to go into the community to patients' houses to visit and assess how they were going. As a student I had previously very little exposure to mental health, so this was a great learning experience."

**"As a nursing student I always wanted to complete a rural placement... so when I found out I was going to Kununurra for six weeks, I was so excited."**

Kate's final three weeks was on the ward at the hospital. "As the hospital is so small there is only one ward with all specialty areas on there," she says. "I really enjoyed the ward as there was always so much going on and so much to see and do. I loved looking after paediatric patients and I loved looking after new born babies.

Going to Kununurra was 'daunting and scary' says Kate about going somewhere alone and knowing no one, "but I learnt so so much and it was the best thing I have ever done. You are exposed to so many different situations and no day is ever the same".

"For all students undertaking a healthcare degree, I strongly urge you to get out there and go rural." ●



Photo: Steve Batten.



# mates of CRANaplus

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

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

which enjoys a wide circulation throughout Australia and internationally.

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

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



Photo: The lovers (Steve Batten).



**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](http://www.amrric.org) Ph: 08 8948 1768



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



The **CARPA** Remote Primary Health Care Manuals is a suite of manuals designed to support good clinical practice in primary health care in Central, Northern and remote Australia. The manuals are produced for health care workers – including Doctors, Aboriginal Health Workers, Remote Area Nurses, Midwives, Nurse Practitioners, and Allied Health Professionals. They are widely used in clinical care, health service systems, education and orientation in the Northern Territory, remote South Australia, Ngaanyatjarra and Kimberley regions in Western Australia and beyond. <http://remotephmanuals.com.au>



**HESTA** is the industry super fund dedicated to health and community services. Since 1987, HESTA has grown to become the largest super fund dedicated to this industry. Learn more at [hesta.com.au](http://hesta.com.au)



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

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**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 km<sup>2</sup>) 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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Government of Western Australia  
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**Gidgee Healing**

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



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



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



**Marthakal Homelands Health Service (MHHS)**, based on Elcho Island in Galiwinku, was established in 2001 after Traditional Owners, lobbied the government. MHHS is a mobile service that covers 15,000 km<sup>2</sup> 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](http://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.



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



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**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](mailto:enquiries@rurallap.com.au) <http://www.rurallap.com.au/>



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



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



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





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# support

## dealing positively with change in a busy environment

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

**Changes in life are a reality. In some form or another they will take place. Coping with them is the best way to get on with life.**

It has been often said that the only constant in our world today is change. Change is inevitable, but we may not always feel we have sufficient control over unfolding events. There are times when the only real control lies in how we deal with and respond to those events.

Coping with change is rarely easy. Most of us resist it, because we are jolted out of our comfort zone and feel more secure in our world as we know it. Since change is an inevitable reality of life, we need to respond in a healthy and appropriate way. It can be difficult to choose the best strategies to use when confronted with

the turmoil of a hectic pace of change, and hard to slow things down enough to work through a forward path.

So often when living in a remote community and exposed to a different culture we can often naturally feel out of our comfort zone to some extent. Change becomes a part and parcel of life in a busy and demanding health practice, and often there is little to be done about the level of patient presentation or the level of seriousness in symptoms. There is frequently little control over caseloads or severity of cases. And when there is additional change thrust upon the busy practitioner it can feel overwhelming.

Change can be in the form of a new organisational structure or reporting framework, new requirements or even staff changes. Over the years when I have lived in remote settings and worked with other community-based health practitioners, I have observed one constant factor; staff turnover. This one factor alone can

cause pressure and stress in a busy health service. It can be difficult to introduce new colleagues to the community or workplace, while at the same time dealing with the everyday demands of the practice. Alternatively, covering missing colleagues brings its own set of issues.

**Coping with change is rarely easy. Most of us resist it, because we are jolted out of our comfort zone and feel more secure in our world as we know it.**

Difficulties lie in many competing priorities, meeting deadlines and dealing with the myriad of administrative demands.

In a busy and demanding workplace, or at times of volatility in a community, there can

be a wide variety of differing changes to navigate. Some changes may have been self-initiated or alternatively imposed by others. It makes no difference – the changes need to be accommodated.

We cannot pretend things are unchanged and 'put our head in the sand'. This strategy may provide short-term relief, but it never helps in the long-run. Denial does not make our problems disappear; instead it usually makes things worse. It is usually better to tackle the inevitable and deal with the issues.

Of course, there are some changes which need to be opposed and fought, but we are not dealing with those issues in this article.

### What Helps?

I have often observed that during times of unsettling change in a workplace it is common for rumours and innuendo to increase and people often lose focus and become unproductive as they huddle in groups to speculate and find out the latest information. In this unhelpful process misinformation and inaccurate rumours are spread, causing unnecessary distress to all affected parties.

Making strenuous efforts to obtain reliable information and detail is the best way to minimise this disruption.

Communication and consultation is a major key to successfully working through a change process in a workplace. When everyone is on the same page and understands what is happening, there is less risk of misunderstandings and disagreements. Well communicated reasons for change to occur, and consulting with all affected parties helps with the adjustment. Clearly this starts with good leadership, but there is an onus on all of us to say when we do not understand the process or its rationale. When a firm resolution is made to not engage in unhelpful speculation, rumours and gossip cannot flourish. ►►



►► Change is always more easily dealt with when those most affected feel they have a measure of control over the implementation. Given this is the case, it helps to find out as much as possible about the process and explore ways to express a view and comment on what is happening. Being informed puts control into our own hands and allows us to choose the most effective strategies to deal with events as they unfold. Ask for briefings on what is planned to occur, and to have your views heard. Attend all meetings where information is shared. If no meetings are organised, request that one be held.

Be aware of your own reactions and behaviours, and how you express your emotions. It can be illuminating to consider how your communication, body language, speech and behaviour impact the overall group in the workplace. When we radiate disapproval or hostility we make it difficult for others to respond in a more positive way and thus a cycle of conflict can develop.

Admitting upfront that change is affecting us is a first step in doing something proactive and useful to reduce the impact.

**"I pick the fights I need to have. If an issue is beyond being altered on this occasion, I save my energy for another day."**

It is important we recognise that change is inevitable, and accept the changed environment. It is also critical to assess what we can control and what is beyond our control. As we know, it is not what happens to us but rather how we respond to it that makes the difference. As a nurse once told me, "I pick the fights I need to have. If an issue is beyond being altered on this occasion, I save my energy for another day".

Companies often use a SWOT approach when planning change; they assess Strengths, Weaknesses, Opportunities and Threats.

We can conduct the same assessment at the individual level. What skills and strengths do you have? What needs to improve? What opportunities can you derive from the changes which are occurring? By understanding your own skills and weaknesses and knowing as much about the changing work landscape, you have a better chance of adapting to the new situation.

We cannot emphasise too highly the need to accept that change does happen, and the importance of managing our reactions to events. The more we understand that change will happen, the less upset and surprised we will be when we encounter that change.

And also, we need to acknowledge that different people react to change in different ways. While some embrace change, others resist or stall the process to the detriment of themselves and their organisation.

People who can easily cope with change are more open to new ideas, are more valued in the workplace, seize more opportunities and are generally happier than those who avoid it.

*The researcher Ruth Gmehlin found there to be four common yet distinct sets of behavioural reactions to change. He found there are people who thrive on change; those who are not bothered by change; people who resist change; and people who simply maintain their usual high standards with little regard for the changes going on around them.*

**Ruth Gmehlin,  
Ottawa Business Journal article  
'How Change Affects Teams'**

Consider which category best fits you. Certainly, you will be able to think of colleagues who meet these behavioural types when confronted with change. Being able to determine which category best fits your individual style allows you to put in place healthy coping strategies which suit your

unique needs. If you find you automatically resist change because it feels unsettling, challenge yourself to calmly assess whether there is an alternative way to react. Ask if the change may have some positive benefits, or if there is a way to engineer opportunities from the situation. How can we open ourselves to such a positive mindset? Perhaps one of the best approaches is to challenge any negative thinking as we notice it happening.

**We cannot emphasise too highly the need to accept that change does happen, and the importance of managing our reactions to events.**

What coping strategies work best for you? There is no one measure which fits all.

Dissipate stress by doing more of those things you enjoy, such as exercising, spending time with friends or family, reading, or engaging in a hobby. Ensure that where possible and work schedules allow, that adequate breaks away from the community and workplace are taken. Stressed people have often commented to me that they find when they are under pressure they stop doing the very things which they enjoy and which help them to cope. It can be useful to take a step back from the situation and assess if this might be happening.

There are many mindfulness and relaxation strategies which have been proven to be effective and should be considered when coping with stress. Learning a simple hypnotic or meditation technique helps to calm the mind and body; these are powerful and effective measures which can help. The discipline of Mindfulness has been found to be particularly helpful at times of stress and change.

In particular, practising mindfulness meditation has been found to be a powerful tool for stress reduction.

Try to accept the present moment without dwelling on past issues, or worrying about what may happen in the future. Understand that learning to cope with change is not something which can be done quickly or easily. It is easier to deal with new situations gradually, so give yourself time to get used to new circumstances, and let yourself say goodbye to the old ones.

Often, we can try to suppress worries and doubts. This can be unhealthy, making it harder to deal with changes when they arise, as the fears are repressed. Notice thoughts and feelings as they happen. Experience how they make you feel, and let them go without judging them, or yourself. A regular meditation schedule will also help you to calm your mind and anchor yourself in the present moment.

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



# incivility and bullying in remote and rural health workplaces

By Therese Forbes and Annmaree Wilson  
CRANaplus Bush Support Services

Recently CRANaplus Bush Support Services held a 'Connected, Engaged and Collaborative Workplaces' (CECW) symposium in Darwin NT. Thirty enthusiastic participants took part in the two day symposium to address the 'wicked problem' of bullying.

The CECW Symposium was aimed at addressing workplace conflict issues at an organisational level. The CECW Symposium was an addition to the portfolio of interventions BSS had already developed to deal with the complex issue of workplace conflict. CRANaplus Bush Support Services has traditionally provided individual, best practice psychotherapeutic support to remote health workers who have experienced issues around bullying and workplace conflict. An award-winning App has previously been developed to provide education and resources on the issue.

The central ideas explored in the CECW Symposium were issues that had been repeatedly raised by callers to the CRANaplus Bush Support Services support line. Importantly, callers raised the issue that the existence of policy and procedures in regard to workplace conflict is not enough to deal with the complexities of workplace conflict. The aim of the CECW Symposium was to enhance existing interventions by exploring the central idea that respectful and effective relationships are equally an individual and organisational responsibility. In short, these callers informed us that the source of workplace conflict is interpersonal and therefore the solution lies there as well.

The cost of bullying in Australia has been estimated as between 6 billion and 36 billion per year based on a prevalence rate of over 3.5 percent of the working population over

12 months. (Sheehan, McCarthy, Barker and Henderson, 2002). In the remote health context the prevalence rate could be much higher with 34 percent of remote health professionals reporting concern about bullying and harassment by colleagues, more than are concerned about physical violence by community members (Rural Doctors Association of Australia, 2012). A further challenge of bullying in remote contexts is the effects of isolation and fewer resources to deal with it. The cost to practitioners and upheaval it causes to the delivery of safe quality health care to already under serviced and vulnerable populations, cannot be underestimated.

'Incivility' and 'Bullying' are terms that are often used interchangeably and frequently confused in practice, but they are not the same thing. Incivility is described as a lack of regard. It includes behaviours such as unkindness, lack of manners, gossiping and ostracism. These are key antecedents to bullying.



Workplace incivility, if left unchecked, can spiral into more aggressive behaviours. Bullying and Incivility in the remote health workplace can be seen as 'wicked problems' due to their entrenched nature. Head & Alford (2015) p 721 assert that wicked problems are those that are "complex, unpredictable, open ended and intractable".

Bullying is described as persistent behaviour over time, rather than a single act. It includes name calling, verbal and physical abuse, threats, making vexatious claims. It is a behaviour that, if recorded by video would be identified even by the least discerning of viewers. (Field, 2010). These behaviours often eventuate with someone (usually the victim) leaving the workplace because of the failure of management practices that proactively address bullying behaviour.

**Bullying and Incivility in the remote health workplace can be seen as 'wicked problems' due to their entrenched nature.**

Leadership practices that lack compassion and unresolved conflict are often implicated as contributors to incivility and bullying in organisations. Bullying is prevalent in unfavourable and challenging work environments, such as those often experienced in remote health. The presence of workplace conflict and bullying directly impacts on collaboration, connectedness and engagement in the workplace.

Increasingly research is pointing towards a different approach to engage people in local contexts to affect change in workplace culture. It is this different approach that was explored.

Some suggestions are to use values based practice to build confidence and create a shared vision. Reflection and critical reflection have also been identified as unifying practices for groups of professionals. It is clear that when

workplaces allocate time and energy toward developing team values they are in a much better position with cohesive values and a shared understanding of appropriate workplace behaviours.

During the CECW symposium participants were able to reflect, discuss, learn and rethink ideas and perceptions of bullying and incivility. As a result, the potential flow on effects that participants identified were:

- Improved efficiency in managing difficult situations
- Greater capacity to assist remote teams
- Planned reflective practice meetings with individuals
- A framework for improving the culture of an organisation
- An engaged workplace
- Pre cohesion and less conflict
- Better understanding of complexities in regard to the context of remote health

Interestingly when asked about the most valuable thing learned at the CECW Symposium participants came up with a variety of responses. These included:

- That people do want to facilitate and support change and address these issues – it was encouraging to see how important this was to participants.
- Reflective practice is the key to a successful relationship and organisation
- Shared team values provide clear expectations and standards that everyone can work with
- Developing culture in the workplace is contemporary management and leadership practice

The CECW Symposium opened up an important and different conversation about workplace conflict. It illustrated that this serious problem needs innovative, 'outside-the-box' solutions to tackle it. The enthusiasm and commitment of the participants at the CECW Symposium demonstrated that solutions are possible if care and compassion are the values that are paramount in the workplace. ●



# stress and distress

Remote area health workers in Australia fare better than the general public when it comes to stress and distress levels.

That's the conclusion from a Stress and Wellbeing Survey conducted by CRANaplus Bush Support Services at the 2015 and 2016 CRANaplus Conferences.

In summary, the results indicated that remote area health workers, as represented by CRANaplus Conference attendees, are generally satisfied with life, appear to have good coping strategies and their levels of stress and distress are lower than the general population at the low to moderate levels.

At the high to very high levels of stress and distress, remote health workers are comparable to the general population.

One of the implications of this survey is the highlighting of the importance of the continued expert psychological support to the remote health workforce provided by CRANaplus Bush Support Services.

Delegates at our Broome Conference are encouraged to complete the 2017 survey. ●

**CRANaplus** Improving remote health  
Bush Support Services

**CRANaplus Bush Support Services  
REMOTE HEALTH WORKFORCE WELLBEING SURVEY 2016**

\* Thank you for completing the CRANaplus Bush Support Services Well Being Survey. Your input is appreciated and valued. In order to claim your gift, kindly fold this document and place in the "Survey" Box at the CRANaplus Bush Support Services booth in the Exhibition (Trade Display) area. Staff on duty at the booth will present you with a gift. \*

**Demographic Questions (Please Circle):**

1. Gender:  
Male / Female

2. Location:  
NSW / NT / QLD / WA / TAS / VIC / SA / ACT / TSI / Other

3. Age:  
Under 18 / 18-25 / 26-35 / 36-45 / 46-55 / 56-65 / 65+

4. Are You:  
Aboriginal / Torres Strait Islander / Aboriginal & Torres Strait Islander / None

5a. Community Type:  
Remote / Rural / Regional / Urban

5b. If Remote (above):  
Aboriginal / Torres Strait Islander / Other

6. Employer Category:  
Hospital / Clinic / Allied Health / Aged Care / Mine or Pastoral Lease / Mental Health / Education / Other

7. Employer Type:  
State or Territory Government / Aboriginal Community Controlled / Mine or Pastoral Lease / Other

**Survey Questions:**  
Please rate the following questions on a scale of 1 to 5:  
1 = Not at all    2 = Agree Slightly    3 = Some of the time    4 = Agree Very    5 = Agree Extremely

1. How satisfied are you with life generally? \_\_\_\_\_

2. How satisfied are you with work generally? \_\_\_\_\_

3. Do you feel satisfied with your social life? \_\_\_\_\_

4. Do you feel you have someone you can talk to? \_\_\_\_\_

5. Do you feel your general health is good? \_\_\_\_\_

6. Do you feel you exercise regularly? \_\_\_\_\_

7. Do you feel you have a healthy diet? \_\_\_\_\_

1. Forms: BSS Online Survey Questions  
Date Created: 03/08/2015

Doc No: BSS010  
© CRANaplus Inc

Page 1 of 2  
Revision Date: 02/09/2016

# leather jackets and leather couches: the story of psychs on bikes

Psychs on Bikes started by accident. Not the sort of accident where leather-clad bones hit the tarmac but by a middle-aged psychiatrist (me) coming up with a madcap plan to ride a motorbike across the Nullarbor. The next thing I knew I'd started a national mental health charity.

In 2011 I was joined by my son and couple of friends (a psychiatrist and a psychologist) in a ride from Adelaide to Kalgoorlie. It was such an adventure and so much fun that we organised a Perth to Sydney ride the following year and invited any mental health professionals to join us. So it was that [www.psychsonbikes.com.au](http://www.psychsonbikes.com.au) was born. Ever since then we've run one or two big motorbike rides per year aimed at reducing the burden of mental illness in rural and remote Australia.

Why focus on mental health in the Bush? Because the suicide rate is nearly twice what it is in the city. Because in wealthy downtown suburbs there's a private psychiatrist on every corner but in the Bush people struggle to access

services. And because the slow destigmatisation of mental illness is moving in regional Australia a little too slowly, even if attitudes are changing for the better. Living in smalltown Australia can be a challenge. A lack of privacy in a small community. Stretched healthcare services. Local economies that run boom-or-bust according to the weather and commodity markets. Life in the bush can be peaceful, unpretentious and communal but it can be really tough too. ▶▶

Living in smalltown Australia can be a challenge. A lack of privacy in a small community. Stretched healthcare services. Local economies that run boom-or-bust according to the weather and commodity markets.



A place to park the bikes in outback Queensland.

►► Over the years the psychiatrists, psychologists and mental health nurses riding with PoB have raised awareness, interacted with local health professionals and conducted hundreds of free men's health checks in which we try to engage blokes in talking about not only their physical but their emotional wellbeing.

Later this year and in early 2018 we'll be teaming up with Australian Rotary Health who have organised a Muster for Mental Health (see [www.muster.org.au](http://www.muster.org.au)) and we'll be meeting them in Albury-Wodonga in November, then again Tassie in February (where we'll also link up with our friends from Rural Alive and Well – [www.rawtas.org.au](http://www.rawtas.org.au)) for a week-long ride.

Then maybe later in 2018 we'll have another go at the Big One – Perth to Sydney in nine

---

Right: Before we headed off.

Below: No trouble parking here – saltlake near Norseman, Western Australia.

days – which we've already done twice but keep coming back to because it's such a great personal challenge with such bragging rights!

If you work in mental health or, for that matter, in any area of healthcare and would like to join us for any of those rides please let me know by emailing me at [psychsonbikes@gmail.com](mailto:psychsonbikes@gmail.com)

For more information check out:

[www.psychsonbikes.com.au](http://www.psychsonbikes.com.au)

Find a nine-minute documentary about our first ride by searching 'psychs on bikes' on Youtube.

Donations are gratefully accepted via [www.givenow.com.au](http://www.givenow.com.au)

Our thanks go to our major sponsor Ramsay Healthcare and our longtime supporters at CRANApus!

**Dr Joe Dunn**  
**Psychiatrist, Sydney**  
**President, Psychs on Bikes ●**







# educate

## the midus touch

**Midwives and medical officers working in remote areas are able to maintain their key maternity emergency skills through the MIDUS (Midwifery Upskilling) program.**

Participants receive a comprehensive reference manual prior to the face-to-face program which is provided by teachers who are currently in clinical practice. The program is continuously evaluated and reviewed by CRANaplus to ensure resources and training are always up-to-date.

"Since its development in 2009, MIDUS has used a variety of interactive learning sessions in its face-to-face courses," says Glenda Gleeson, Senior Remote Clinical Educator

Through case study scenarios, the program presents current evidence on Pregnancy and Birth complications such as Hypertension in Pregnancy, Diabetes in Pregnancy, Managing Preterm Labour and Management of Rheumatic Heart Disease in Pregnancy.

"The course is useful for all midwives and medical staff in isolated practice, in Australia and also internationally," says Glenda. "That includes people working in Primary Health Clinics in remote areas, small rural health units, acute facilities such as regional hospitals, and people working on emergency air transfers."

**"Since its development in 2009, MIDUS has used a variety of interactive learning sessions in its face-to-face courses."**

Major maternity emergency skills featured include Management of Post-Partum Haemorrhage, Practice skills for Neonatal Resuscitation, managing an unplanned Breech Birth, managing a Shoulder Dystocia Birth and Managing a Cord Prolapse.

"The course covers topics in Maternity Care, Antenatal Care, Perinatal Mental Health and Postnatal Care, and cultural considerations are sensitively dealt with at all times," says Glenda.

**MIDUS Teachers are midwives and medical staff in current clinical practice from a range of midwifery/ maternity contexts...**

The MIDUS program has approximately 10 hours of pre-course reading and learning activities. The face-to-face on-course aspect includes 20 hours with 20 CPD points. Assessments on course are communicating the practical skills re the management of a clinical scenario for a postpartum haemorrhage and a neonatal resuscitation. ►►



'Thumbs on bums' – Breech birthing.

► MIDUS Teachers are midwives and medical staff in current clinical practice from a range of midwifery/maternity contexts, such as continuity of care programs, acute high and low risk care practice, remote health and rural health centres.

## “CRANApus courses do change things in rural and remote health...”

“CRANApus courses do change things in rural and remote health,” agrees MIDUS facilitator Natalie McLean. “Recently a midwife in a non-birthing health service talked of how she was reinvigorated as a midwife and was prompted to consider going to another place to do some clinical upskilling.” ●

### Quotes from recent participants:

- Has definitely assisted me in preparing to return to Remote work I have found the assistance, support and general collegial support to be OUTSTANDING! Many thanks!
- Enjoyed the course, content excellent as were skill stations. Great hearing stories from others on course as well as facilitators. Thanks for a great learning experience.
- Great lecturers with an amazing body of knowledge and positive education styles.
- Thank you very much – very appropriate to remote area practice. Excellent skill stations; excellent presenters. Will definitely recommend to others.



Practising effective respiratory resuscitation.



## Responding to Aggression and Violence

**Would you like to increase your confidence in dealing with aggression?**

**Are you prepared to encounter workplace violence?**

**Do you recognise bullying and harassment?**

### Then the CRANApus Responding to Aggression and Violence (RAV) course is for you

The RAV is designed to enable the remote health staff to develop the knowledge and skills necessary to respond with confidence to incidences of aggression and violence in a remote health setting.

#### Cost

CRANApus Members \$300

Non-members \$350

#### Course Dates and Locations

#### Course Delivery

RAV is designed to meet the learning needs of the remote and isolated health workforce (clinicians, managers, administrators and support staff) who may be confronted by episodes of aggression and violence in the remote and isolated setting.

The CRANApus Responding to Aggression and Violence course consists of two components:

- Completion of an on-line learning module • Attendance at a one day face-to-face course involving role plays and related activities

Graduates of this course will have covered:

- Background: Definition of workplace violence, staff rights & responsibilities
- Communication process & strategies
- De-Escalation process & strategies
- Self risk assessment tools: Rapid Risk Assessment; Safety Flow Charts; Safety Audit
- Responding to violence: Effective use of alarms, equipment, & facilities; breakaway moves
- Self-care & resilience: Recognising and responding to bullying & harassment
- Travel safety (optional)





## new courses

To date, most face-to-face education courses developed by CRANaplus have had a clinical focus.

We are very pleased to be introducing two new courses to the education suite:

- Responding to Aggression and Violence (RAV)
- Mental Health Emergencies (MHE)

The new courses will involve pre-reading and a one-day face to face training. They will be scheduled before or after two-day clinical training such as Remote Emergency Care or Maternity Emergency Care courses. CRANaplus will also offer private courses to employers interested in providing this training to their staff.

### RAV – Responding to Aggression and Violence

The focus on safety and security issues during the 2016/2017 financial year with the safety and security project has clearly identified the need for CRANaplus to develop a course to address the issue of responding to aggression and violence in the workplace.

The RAV course allows the remote health workforce to develop the knowledge and skills necessary to respond with confidence to instances of aggression and violence in a remote setting.

Course content includes:

- Background: Definition of workplace violence, staff rights and responsibilities
- Communication process and strategies
- De-escalation process and strategies
- Self risk assessment tools: Rapid Risk Assessment; Safety Flow Charts; Safety Audit
- Responding to violence: Effective use of alarms, equipment and facilities; breakaway moves
- Self care and resilience: Recognising and responding to bullying and harassment
- Travel safety (optional)

The course will be available to clinical and administration/support staff who work in remote and rural health settings.

### MHE – Mental Health Emergencies

Managing mental health emergencies presents a major challenge to remote and isolated health staff, who are usually not trained or skilled in this area of expertise.

Clinicians are required to respond to: acute psychotic illness; severe mood disorder; agitation or distress resulting from issues ranging from acquired Brain Injury to attempted suicide; and substance intoxication and withdrawal.

The MHE course is designed to enable the remote health staff (clinicians, managers, administrators and support staff) to develop the knowledge and skills necessary to respond with confidence when encountering acute mental health issues, substance affected patients and episodes of acute distress resulting from attempted/completed suicide and other traumatic events.

Course content includes:

- Effective communication in mental health
- Mental health assessment
- Mental health emergencies: Acute distress – acute mental illness
- Managing acute mental disturbance – current best practice in the remote and isolated health context
- Managing acute intoxication and withdrawal – current best practice in the remote and isolated health context
- Self-harm and suicide: Threatened, attempted, completed
- Debriefing and clinician wellbeing (optional) ●



## Managing Mental Health Emergencies

**Are you confident of your ability to manage mental health emergencies?**

**Would you like to develop your skills in responding to acute mental illness and severe distress?**

**Are you required to deal with substance-affected persons in your workplace?**

### Then the CRANaplus Managing Mental Health Emergencies (MHE) course is for you

The MHE is designed to enable the remote health staff to develop the knowledge and skills necessary to respond with confidence when encountering acute mental health issues, substance affected patients and episodes of acute distress resulting from attempted/completed suicide and other traumatic events.

#### Cost

CRANaplus Members \$300

Non-members \$350

#### Course Dates and Locations

#### Course Delivery

The MHE is designed to meet the learning needs of the remote and isolated health workforce (clinicians, managers, administrators and support staff) who encounter acute mental health issues, substance affected patients and episodes of acute distress resulting from attempted/completed suicide and other traumatic events that occur in the remote and isolated setting.

The CRANaplus Management of Mental Health Emergencies course consists of:

- Attendance at a one-day face-to-face course.

Graduates of this course will have covered:

- Effective communication in mental health
- Mental health assessment
- Mental health emergencies: Acute distress – acute mental illness
- Managing acute mental disturbance – current best practice in the remote & isolated health context
- Managing acute intoxication and withdrawal – current best practice in the remote & isolated health context
- Self-harm and suicide: Threatened, attempted, completed
- Debriefing & clinician wellbeing (optional)



# 2017 EDUCATION SCHEDULE

**CRANAplus**  
improving  
remote health

## COURSES ARE OPEN FOR REGISTRATION AT [CRANA.ORG.AU](http://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**

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**Aspiring to a career  
in remote practice?**

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Pathways to Remote  
Professional Practice  
publication on  
our website



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or call **08 8408 8200**

CAIRNS  
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ALICE SPRINGS  
08 8955 5675  
ADELAIDE  
08 8408 8200



# VIP benefits on education for members

As the date for the release of the 2018 Education calendar and the CRANaplus Annual Conference quickly approaches, we are excited to announce that our valued CRANaplus members will receive a number of exclusive benefits on education courses in the new year.

As a CRANaplus individual member, you will have, for the first time ever the opportunity to access course bookings for the 2018 education courses two weeks in advance of non-members. Course bookings for members will be available from 4 October 2017 and non-members from 18 October 2017.

As a member, you will also receive discounted pricing on all education courses. Following a review and feedback on the pricing of CRANaplus education courses, fee structures are now more consistent and easy-to-

understand. As a not-for-profit organisation, transparency on our pricing is important to us. We have answered some questions you might have about the new pricing structure below.

**At CRANaplus we are committed to the development and delivery of high-quality education programs that support and develop remote and isolated health practitioners.**

At CRANaplus we are committed to the development and delivery of high-quality education programs that support and develop remote and isolated health practitioners.



Photo: Donna Lamb.

CRANaplus recognises that excellence in learning is key to the delivery of best practice health care, and the retention of a skilled workforce within remote and isolated health practice. CRANaplus is a Registered Training Organisation (RTO No.40719) and is recognised as a provider of quality-assured and nationally recognised training and assessment to remote and isolated health practitioners across Australia.

We deliver education courses, which are clinically relevant across the lifespan and grounded in contemporary, evidence-based practice.

We look forward to having you on board with us as a CRANaplus member and are delighted to offer you these exclusive member benefits.

## FAQs

**Q: How do I become a CRANaplus member to be able to access education course benefits?**

**A:** Simply click on the Membership tab (<https://crana.org.au/membership>) on our website and register and pay via our secure portal.

Employees of our Corporate Members receive discounted membership too.

**Q: How can I access early bookings for education courses?**

**A:** Simply log into the CRANaplus website and you will be given exclusive membership access to early booking education courses.

**Q: How does CRANaplus set its course costs?**

**A:** Each individual course costs are reviewed and assessed to ensure costs are met. In the past year we have seen a significant increase in the cost of freight and travel services, the two largest expenses in the delivery of CRANaplus courses, requiring us to review our course costings to ensure courses are delivered financially efficient.

**Q: Why is my course cheaper?**

**A:** We have been able to review the costs associated with the delivery of courses and we have been able to reduce some of the costs associated with delivery that we are able to pass onto course participants. ●

## POSTGRADUATE COURSES IN REMOTE HEALTH

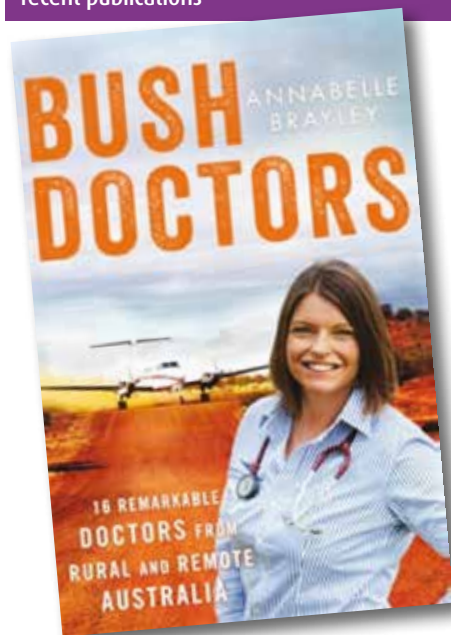
For further information contact the Student Administrator  
**Ph: (08) 8951 4790**  
Email: [crh.studentadmin@flinders.edu.au](mailto:crh.studentadmin@flinders.edu.au)  
[www.crh.org.au](http://www.crh.org.au)

**Flinders University**  
Graduate Certificate in Remote Health Practice  
Graduate Diploma in Remote Health Practice  
Master of Remote & Indigenous Health  
[www.flinders.edu.au/courses/postgrad/rhp](http://www.flinders.edu.au/courses/postgrad/rhp)

**Charles Darwin University**  
Master of Nursing (Nurse Practitioner)

**APPLY NOW FOR SEMESTER ONE 2018**





## Bush Doctors

Annabelle Brayley

**A powerful and captivating tribute to 16 remarkable rural and remote doctors.**

Michael Joseph | RRP \$34.99

Publication date: 28 August 2017

Annabelle Brayley knows firsthand the importance of Bush Doctors. Twenty years ago her teenage son had a serious motorbike accident sustaining a head injury on their remote sheep station 130 kilometres from the nearest hospital at Charleville, South West Queensland. The fear as they raced him to town and the relief as they handed him over to their local GP Chester Wilson is branded in her memory.

*Bush Doctors* is a vitally important collection of true stories celebrating the invaluable contributions of the extraordinary Australian doctors working in rural and remote locations – from the Outback to Antarctica. These are the men and women who save lives every day with their remarkable resourcefulness, courage and in some cases, innovative medical expertise.

*Bush Doctors* bears witness to the changing shape of rural and remote medicine; from the jack-of-all-trades general practitioner who might be an obstetrician, anaesthetist, surgeon and psychiatrist all in the same day to the rural generalists and specialist doctors who will provide medical services into the future.

Sometimes dramatic, sometimes funny and sometimes sad, this collection features compelling stories from 16 remarkable doctors, including; a rural generalist facing her own mental health crisis while working in a remote Aboriginal community with one of the highest suicide rates in the world; the doctor who established a travelling cardiology service; an Indigenous GP committed to providing appropriate services to the veterans and Indigenous members of his community; a pediatric professor working in the remote communities of the Fitzroy Valley; and the young British doctor who joined the Royal Flying Doctor Service for adventure and stayed for love.

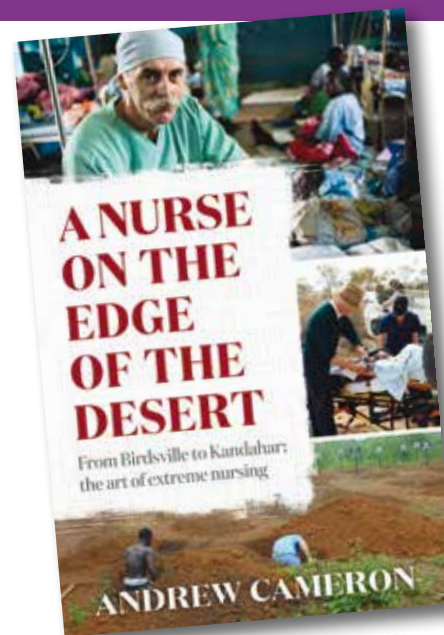
*Bush Doctors* is a timely reminder of the importance of rural and remote medicine, and reflects the renaissance of interest in rural medicine as a viable, interesting and rewarding career for young students of medicine.

*"It's a big challenge for a doctor to be in a tiny remote location, at least two hours by plane from any kind of comprehensive medical facility and facing something you may not have experienced before. You have to step up."*

In researching *Bush Doctors*, Annabelle intentionally sought doctors across the country to represent the diverse geography, age and experience of people practicing rural medicine.

Annabelle Brayley trained as a registered nurse and worked in rural and remote health for some years before retiring to pursue her passion for storytelling. She has been a regular contributor to *R.M. Williams Outback Magazine* and more recently to *Graziher*, the new magazine for women of the land. Annabelle is the author of four previous books including *Bush Nurses*, *Nurses of the Outback* and *Our Vietnam Nurses*.

[www.penguinrandomhouse.com.au](http://www.penguinrandomhouse.com.au)



## A Nurse on the Edge of the Desert

Andrew Cameron

**From Birdsville to Kandahar: the art of extreme nursing.**

**The inspirational and engaging story of a nurse who works in war zones and the Australian outback.**

Massey University Press | RRP: \$39.99

Publication date: 08 August 2017

Andrew Cameron is your typical, humble, 'number 8 wire' Kiwi bloke. He is also an internationally recognised registered nurse and midwife, recipient of the prestigious Florence Nightingale Medal and an experienced Red Cross nurse.

In devoting his life to nursing, Cameron has readily embraced danger and hardship in the hope of helping and improving the lot of humankind. Choosing challenge over comfort and adopting a 'why not?' attitude when deciding whether to work in some of the world's

most inhospitable places – Kenya, Sudan, South Sudan, Sierra Leone, Afghanistan, Yemen, Iraq and Georgia — Cameron's philanthropy, compassion and skills set him apart.

While living a nomadic life (although he did find time to marry and have two gorgeous girls), Cameron's nursing career has oscillated between his high-octane work for the International Red Cross and living in some of Australia's most remote settlements. The Outback holds strong appeal for Cameron and he has worked in a range of local communities – some of them rocked by heartbreaking stories of alcoholism and domestic violence. When not nursing in war or post-conflict zones, he is a director of nursing and ambulance driver at the Birdsville Clinic, one of Australia's most remote health-posts on the edge of the Simpson Desert. Home of the famous Birdsville Races, it is also home to Cameron for much of the year.

No stranger to working under mortar fire throughout his career, Cameron has encountered and dealt with all manner of diseases, war wounds, road accident traumas, snake bites and broken limbs. He has also attended suicides and murders; completed a term at an Ebola treatment centre in Sierra Leone; delivered hundreds of babies; helped to raise a family; and met many amazing people.

Working alongside other esteemed health professionals from all over the world, Cameron's mandate is always to improve health outcomes for his patients. He also finds time to create flourishing vegetable gardens wherever his work takes him – a colourful counterbalance to his extreme nursing life.

*A Nurse on the Edge of the Desert* captures Andrew Cameron's remarkable and compelling life story with mordant humour, wisdom and pathos. It's gripping, engaging and inspiring.

[www.masseypress.ac.nz](http://www.masseypress.ac.nz)





## Great Australian Outback Nursing Stories

Bill 'Swampy' Marsh

Stories and memories that capture the experience of nursing in the bush, gathered by the inimitable Bill 'Swampy' Marsh, bestselling author of Great Australian Flying Doctor Stories and Great Australian Police Stories.

ABC Books | RRP: \$29.99  
Publication Date: 21 August 2017

With hearts as big as the outback, rural and remote nurses are a dedicated and gutsy bunch who work selflessly to care for their communities, often in isolated and inhospitable conditions, with few resources but plenty of experience, courage and care.

Outback nurses deal with it all: broken limbs, labour pains, snake bites, sunburnt backpackers, lost explorers, vaccinations, and defibrillations – even the occasional crook cattle dog. One thing they are never short of is stories to tell.

This memorable and eye-opening collection of real-life accounts from nurses in the Australian bush is by turns inspiring, poignant, heartbreaking and hilarious – and Swampy should know.

It was while he was researching this book he had a near-fatal fall from a cliff in Kakadu, and experienced first-hand the skill and heroism of these outback nurses in extraordinary situations.

I've been a trained nurse for almost 60 years now and I've never once gone to work thinking, I don't want to do this. In fact, I've always said how it's been a privilege to be a nurse in areas where there were no counsellors, no psychologists, nothing – just me.

[www.harpercollins.com.au](http://www.harpercollins.com.au)



Photo: Caye Shepherd.

# CALLING

ALL SOUTH AUSTRALIAN MIDWIVES

Join us in Exploring the Truth Is Out There theme

**acm**  
Australian College of  
Midwives

At the **acm** 20<sup>th</sup> Annual National Conference, Adelaide  
30<sup>th</sup> October – 2<sup>nd</sup> November 2017  
Hilton Hotel

### KEY NOTE SPEAKERS

Professor Billie Hunter – **Midwifery: A Resilient Profession?**  
Professor Nicky Leap - **Call ing all midwives:** speaking our truth about woman centred care  
Annabel Crabb – In conversation

Come and join in for what is guaranteed to be a fabulous conference, There are different registration options available on the conference website. Register for the full three days or purchase a single day registration. Student midwives welcome and discounted registrations available.

Secure your seat today at <https://www.acm2017.org/>  
We look forward to seeing you there.

# professional

## professional services activities

### Remote Area Workforce Safety and Security Project

The Safety & Security in Remote Healthcare project, funded through the Commonwealth Department of Health, was completed in June. Congratulations to Rod Menere for his efforts in meeting the project deliverables, with the resultant resources that were developed being received so well.

We see opportunities for these resources to be used in orientation packages for those new to remote and useful resources for those already experienced in remote practice.

We would like to thank everyone who contributed to the project; from participation in surveys and forums, the Expert Advisory Group and the many individuals who provided us with feedback.

The resources are available on our website: <https://crana.org.au/professional/safety-security-in-remote-healthcare>



### Networks of Interest

CRANAplus membership offers an opportunity to nominate your particular area(s) of interest through your account on our website. This will identify you to us for specific consultations and highlighting contemporary issues as they arise.

As these networks develop we will build up links and resources specific to each area of interest (<https://crana.org.au/membership/networks-of-interest>). Currently the Climate & Health network has a webpage with relevant contacts and links. If you have strong interest in any particular area and would like to contribute to the sites please contact me: [geri@crana.org.au](mailto:geri@crana.org.au)

### Definition of rural nursing

You might ask **Why do we need to define Rural Nursing?**

When we work in a certain area of practice such as rural (and remote) we understand our world

very well, particularly if that area has been a significant focus of our professional career. Personal experiences add to that knowledge and greater understanding. However, for many others who may not have worked outside of a metropolitan area that understanding is limited.



We are endeavoring to describe and encapsulate the key elements of rural nursing practice. There is great variation in 'rural' and one size does not fit all. Rural includes inner and outer regional areas, ranging from large regional towns like Bendigo, to small hospitals and community centres such as Bush nursing posts (Victorian context) therefore 'rural' nurses by that geographical classification vary greatly.



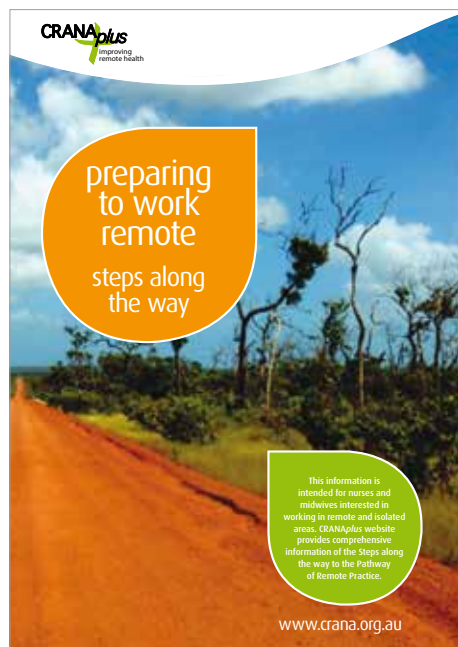
Nurses working in large regional hospitals may work more like Metro hospitals settings, often in specialty areas. The area we are defining is that of the rural generalist nurse – a definition in itself that can raise controversy – are not all nurses generalists?

However the distinction we are making is the nurse who provides care across the age continuum, from acute/urgent presentations to chronic disease management, aged care and pediatrics – often all in the one day. We have found many descriptions in a range of Academic papers but not an agreed definition. >>



►► The Expert Advisory Group (EAG) has worked on this in consultation with the contacts we made through our survey. It is still being fine-tuned and once we have a proposed definition it will be available on our website.

The *Pathway to Rural Practice* resource brochure in its development is a checklist of important things to consider for those contemplating rural nursing practice. It outlines four steps to being rural ready and by following these processes, you can be confident that you are well informed in your decision to go Bush. The brochure will be available on our website shortly.



### Rural generalist workshop

CRANaplus has made a commitment to deliver five workshops this financial year.

The workshop content has been developed through feedback we have received in regard to the perceived gaps and needs in developing the essential skills of rural generalist nurses. Keep an eye on our website for these events.

The 36th annual CRANaplus Conference will be co-badged with an International Conference for Rural & Remote Nurses & Midwives and will be held in Cairns 20–22 September 2018.

The theme is *Leading primary healthcare in a challenging world*. We strongly encourage presentations from the Australian rural nursing sector and will keep you posted as planning progresses.

### Scholarships

CRANaplus scholarships continue to be well accessed and it is no surprise that demand exceeds supply. The generosity of members and organisations has meant we are able to offer 12 x \$1000 scholarships annually.

We continue to seek new sources of sponsorship to increase our capacity and ask you give serious thought to sponsoring an undergraduate remote placement scholarship.

History has shown that the opportunity for a health student to engage in a remote health service has focused their future direction and that has to be a good outcome for remote health.

CRANaplus has DGR status and therefore donations over \$2 are tax deductible. The second round of Scholarships closes 31 October.

The kind donation each year from the Nurses Memorial Foundation of SA offers Grants to assist with attendance at CRANaplus courses and/or the annual CRANaplus Conference. Applications have now closed and been allocated for 2017.

The second Gayle Woodforde Memorial Scholarship has now closed. We have received an overwhelming response and the recipient for 2018 will be announced shortly.

CRANaplus is very pleased to support the County Women Association of Australia (CWAA) Rural & Remote Scholarship for Nurses & Midwives. See details of the scholarship opposite, applications remain open until mid October. ►►



### 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*

## ► Meeting the needs of managers

Managers from several organisations including Aboriginal Community Controlled Health Organisations; Central Australian Aboriginal Congress, Ngaanyatjarra Health Service and Gidgee Healing, joined Managers from Mt Isa and Top End Health Services NT, in Cairns in July. The full two-day program was part of the twelve week CRANaplus *Remote Management Program: essentials for remote managers*.



**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.

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

**Overview**  
The Remote Management Program is designed to enhance and broaden the manager's existing expertise regarding leadership and management, clinical governance, and project management underpinned by an action learning approach. The manager will implement a tangible quality improvement project specific to their workplace need, grounded in the elements of clinical governance. Each manager will be supported by a registered ACHSM Member during the implementation and post-implementation of their project.

**The course is aimed at:**

- Managers
- Acting Managers
- Aspiring Managers

**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. Participate as a mentee in the ACHSM 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 projects
- 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
- GPS Plaque

For more information contact: [professional@crana.org.au](mailto:professional@crana.org.au) [www.crana.org.au](http://www.crana.org.au)

This program is an initiative of CRANaplus partnering with the Australian College of Health Service Management (ACHSM). The uniqueness of this course is the mentoring component, whereby registered members of ACHSM mentor managers for a duration of six–eight months.

The workshop built on the pre-requisite modules that scopes action learning, leadership and management skills, clinical governance and project management, all essential for a sustainable workplace quality improvement project.

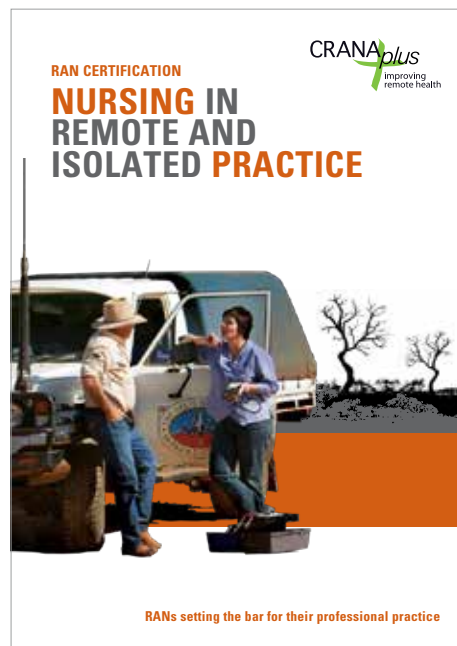
- very informative, I would encourage and recommend more new/old managers to attend course
- Excellent, informative and reinforcing information previously
- Looking forward to the mentoring program

The next program in 2017 commences in September with a two-day workshop to be held in Broome 17 and 18 October. We anticipate two courses will be held in 2018 with the two-day workshop to be held in Adelaide in June and the other held in Cairns in September.

If you are seeking expertise as an aspiring manager, new to the role or have been a manager for sometime, then consider this program. For more information visit our website: <https://crana.org.au/professional/pilot-course>

## RAN Certification – update

We're on track with the on-line process which is currently in the testing stage. The official launch will be held in October 2017 at the CRANaplus 35th National Conference at Cable Beach, Broome WA.



**RAN CERTIFICATION**  
**NURSING IN REMOTE AND ISOLATED PRACTICE**

CRANaplus Improving remote health

**RANs setting the bar for their professional practice**



Management workshop participants.

## Cultural Respect and Cultural Safety Position Statement

Newly released Cultural Respect and Cultural Safety Position Statement was an important activity undertaken this year with the Council of Aboriginal and Torres Strait Island Nurses and Midwives (CATSINaM).

Recognition has been made in the National Aboriginal and Torres Strait Islander Health Plan and its associated Implementation Plan as they acknowledged racism as a social determinant for Aboriginal and Torres Strait Islander health.

Racism had not up to then been acknowledged in policy as a serious risk to Aboriginal and Torres Strait Islander health.

This Statement advocates for health professionals to have a shared understanding of cultural respect, and provide culturally safe health care specific to Aboriginal and Torres Strait Islander Peoples' needs.

Cultural safety is as important to quality care as clinical safety. Cultural safety is the recipients own experience and cannot be defined by the caregiver (CATSINaM 2014). All Aboriginal and Torres Strait Islander people have a right to

access quality health care and will do so when they feel respected and culturally safe.

## LINKS Mentoring rural and remote program

Are you an undergraduate health student, have 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](mailto:professional@crana.org.au)



# focus on pathways and placements

Rural training pathways and research into rural placement experience are top advocacy priorities for Australia's National Rural Student Health Network (NRHSN).

Current leaders of the 28 Rural Health Clubs (RHCs) met with the NRHSN Executive Committee in August for an update on different points of advocacy from the Chair and Vice Chair of the Executive Committee.

Members of the Executive Committee presented different position papers and updates that they have been working on throughout 2017. William Moorhead, Chair, presented a new position paper on *Mental Health Training and Awareness*.

Kelly Langford, Indigenous Officer, presented an update on the *Indigenous Health* position paper 'Indigenous health'. Carolyn Reimann, Secretary, presented on our new position paper, *Climate Change and health outcomes for rural and remote Australians*.

Specific recommendations coming directly from the executive committee's position papers include:

- Mental health – Use of specific mental health learning objectives for all rural placements and high quality locally oriented cultural competence training to mental health care
- Indigenous – The NRHSN looked at who runs Aboriginal and Torres Strait Islander

cultural teaching. The NRHSN recognises the need for a range of strategies, including bonded programs, to ensure a sustainable future health workforce in areas of need in Australia. An important aspect for anyone working in health services is the recognition of the historical and socio cultural context in which the health issue has occurred.

- Climate change – The NRHSN calls for health services to ensure that health professionals are able to recognise and respond to health impacts of climate change, minimise waste and reduce emissions, improve access to mental health services which can be vital during times of extreme weather conditions.

Below: Executive Committee with Rural Health Club leaders.

Jenni Della, the Director of Entry and Rural Training with the Department of Health (DoH), explained recent reforms in the health workforce, including details of the Modified Monash Model.

Jenni emphasised the DoH's continued support of RHCs and the NRHSN.

Overall the weekend was a success with leaders of the RHCs being able to take home valuable new skills and resources.

Megan Cahill, CEO of Rural Workforce Australia – Victoria, joined the group to discuss the relationships and networking opportunity available through the different workforce agencies and the RHCs.

Attendees also engaged in a resilience workshop presented by Will Shacklock and learnt mindfulness techniques to practice in both the home and work environment.

Members of three RHCs – OUTLOOK, TROPHIQ and HOPE4HEALTH – shared their experiences of Indigenous community engagement activities and gave an overview on running locally focussed events.

Overall the weekend was a success with leaders of the RHCs being able to take home valuable new skills and resources.

## Weekend outcomes included:

- Stronger network of students – collaboration between the RHCs and the NRHSN as the pathway for improvements, suggestions and issues
- Motivation to action new initiatives
- Mental health of both students and people living rurally were addressed, and mindfulness was presented as a simple technique to learn. ●



# orientation to remote primary health care manuals

The remote health workforce is characterised by high turnover, low stability and high use of short-term and agency staff. This has major implications for service delivery. The orientation of new staff to remote health services has historically been poorly executed with up to 70 percent of nurses in very remote areas in one survey stating orientation was inadequate.<sup>1</sup>

The Remote Primary Health Care Manuals is a suite of clinical guidelines for primary health care practitioners in remote and Indigenous health services to guide clinical practice, ensuring provision of consistent high quality care. CRANaplus is a proud co-developer and owner of these manuals. The first manuals were published in 1992 and the current edition in July 2017.

Conditions that are common and lead to high burden of disease are a focus of the manuals. A major portion of the Standard Treatment Manual is dedicated to prevention and management of chronic conditions particularly diabetes, cardiovascular and renal disease.

Over the years, remote health services and stakeholders identified an absence of

standardised and appropriate orientation to the correct and proper utilisation of the manuals.

Therefore, Central Australian Rural Practitioners Association (CARPA) undertook production of an orientation video to the manuals to address the deficit of guidance to the correct and proper use of the manuals. The aim of the video is to improve delivery of health care in remote Australia through improved use of recommended clinical guidelines.

The Orientation to the Remote Primary Health Care Manuals video was launched at the AMSANT Leadership Conference in Alice Springs, May 2017, and is freely available online, via the Vimeo video stream site: <https://vimeo.com/218416028>

For further information please contact Central Australian Rural Practitioners Association: [carpa.inc@outlook.com](mailto:carpa.inc@outlook.com) ●

## Reference

1. Opie T, Lenthall S, Dollard M. Occupational stress in the remote area nursing profession. In: J Langan-Fox, C Cooper (Eds); Handbook of Stress in the Occupations. London: Edward Elgar, 2011.



## ASANNA

Australian Student And  
Novice Nurse Association

Empowering Nursing's Future, Today!

ASANNA is an independent, non-government, member-based organisation

Our members are student registered nurses, enrolled in an approved nursing degree, and novice nurses up to five years after graduation.

- f [www.facebook.com/AsannaNurses](https://www.facebook.com/AsannaNurses)
- t @AsannaNurses
- e [info@asanna.com.au](mailto:info@asanna.com.au)
- w [www.asanna.com.au](http://www.asanna.com.au)

## Orientation to Remote Primary Health Care Manuals



Proudly sponsored by





# driving better health in central australia

**CRANaplus is a member of the Central Australian Academic Health Science Centre (CAAHSC), an Indigenous led consortium progressing health and medical research across Central Australia. This area of Australia has some unenviable health challenges that are not experienced in the rest of country.**

In early July 2017, the critical role of CAAHSC was acknowledged by the Hon. Ken Wyatt, AM, MP, Minister for Indigenous Health who announced Commonwealth accreditation of CAAHSC as a Centre for Innovation in Regional Health (CIRH).

What does this mean? The Centre will receive Commonwealth support to work with educational organisations, universities and medical research institutes to provide solutions, evidence based care for Northern Territory's regional and remote Aboriginal people. The Centre has the ability to address serious Indigenous health issues by conducting timely

research resulting in practical solutions for the prevention and intervention of health problems for Aboriginal people in Central Australia.

It is anticipated that the Centre will attract greater numbers of highly skilled researchers and health professionals to work in Central Australia, and that local Aboriginal people would become more engaged in medical education, research and health care delivery.

CRANaplus is proud to be part of a collaborative addressing the health disadvantage through research and its translation into practice. The CAAHSC consortium is now focussed on building a plan across its five priority areas: workforce and capacity building; policy research and evaluation; health services research; health determinants and risk factors; and chronic and communicable disease.

For more information visit CAAHSC website: <https://centralaustraliaahsc.org/> ●



Hon. Ken Wyatt, AM, MP, Minister for Indigenous Health.







# connect

## a ripple of support

By Molly McNamara  
and Alison Kennedy

**The initial research phase of the Ripple Effect project, designed to prevent suicide and reduce stigma in rural and remote Australian communities, is complete! With reporting now underway, we take the opportunity to reflect on the project and the achievements made along the way.**

Launched in July 2016, the website has allowed researchers at the National Centre for Farmer Health to gain a better understanding of how suicide affects rural and remote Australians, how suicide stigma is experienced, and what action can be taken to reduce this.

We realise that if we want to create meaningful and sustainable reduction in suicide and stigma in rural and remote Australia, those at the heart of the issue must be involved.



Dr Alison Kennedy and Alex Robinson speaking to the Coleraine Football Netball Club about the Ripple Effect.

We knew that males in rural Australia experience higher rates of suicide than urban males, despite similar levels of diagnosed mental health issues.

What's more, geographic isolation, traditional cultural expectations and close-knit social connections can make it hard to discuss emotional and complex matters like suicide experience and access support when it's needed.

But we know that keeping silent and avoiding emotional vulnerability can lead to feelings of weakness, shame, guilt, and rejection that negatively affect how we see ourselves and interact with others. The Ripple Effect was created to engage rural and remote communities from around Australia to work together to understand and break the cycle of stigma that – at its worst – can lead to increased and ongoing suicide risk.

Over 60 men and women from all over Australia got involved to spread the word of the project, taking on the role of 'Community Champions'.

The strength of community networks was employed in gaining momentum of, and participation in, the Ripple Effect – replacing the negative ripple effect of suicide with a positive ripple effect of support.

Farmers, rural and remote health professionals, financial counsellors, volunteer fire brigade members, local government employees and other service providers spoke with friends and colleagues, organised community events, and distributed flyers.

The word got out about the project that supported rural Australians to make a difference by sharing how rural suicide had affected them – whether they had attempted or contemplated taking their own life, had lost a loved one to suicide, cared for someone who had attempted suicide or been touched by suicide in some other way. ►►





Katrina Myers, Ripple Effect Community Champion at Echuca Probus.

» The website has given participants an opportunity to tell their story, hear stories of others similarly affected by suicide and access information about understanding and supporting others doing it tough. Setting personal goals has encouraged participants to reflect on their learnings from the Ripple Effect and use their new skills and knowledge for positive benefit.

We're proud to say that we've had over 11,000 unique visitors to the Ripple Effect website ([www.therippleeffect.com.au](http://www.therippleeffect.com.au)) in the last 12 months, with more than 600 people from around Australia contributing their stories and information to the research.

Here are a few of the messages shared on the website:

*"Talking about suicide has helped me gain greater understanding of where and when I can help family and friends."* **Male, 52 years**

*"In your darkest moment, the hardest thing to believe is that it will pass. Yet, it will and things change and eventually you can overcome. The hardest thing to do is to reach out and yet this is the very thing that will save you."* **Male, 61 years**

*"I used to think that everyone who committed suicide was cowardly. I now know that if we*



Molly McNamara speaking about the Ripple Effect at the Koroit Irish Festival.

*are there to offer more help to these people whether it be just to talk to or let them know they can express their feelings, then we are heading in the right direction to raise more awareness and to help these people get the help they deserve."* **Female, 24 years**

*"The Ripple Effect has helped move me into a new phase of my on-going maintenance of my mental health."* **Male, 34 years**

Thank you to all of the sporting clubs, community groups, schools, social event committees, local leaders, and media representatives who have helped us so far, in promoting the Ripple Effect and turning back the tide on rural suicide – we wouldn't have been able to do it without you and we look forward to sharing research findings with you in the coming months.

While the initial research phase has finished, the Ripple Effect is continuing.

To participate or learn more, visit [www.therippleeffect.com.au](http://www.therippleeffect.com.au)



THE RIPPLE EFFECT



# AIDA CONFERENCE 2017

Family • Unity • Success  
20 years strong



20-23 September

Oaks Cypress Lakes Resort, Hunter Valley, NSW

The Australian Indigenous Doctors' Association (AIDA) is a not-for-profit, member based, professional association contributing to equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander people.

This year our annual conference celebrates 20 years since the inception of AIDA. The Conference brings together industry experts, key decision makers, Indigenous medical students, doctors and those interested in Aboriginal and Torres Strait Islander health and medicine.

Each year at conference, we celebrate members who are new graduates and fellows along with the prestigious AIDA Award winners: Indigenous Doctor of the Year, Indigenous Student of the Year, and Associate Member of the Year.

#AIDAconf2017  
#FamilyUnitySuccess

[aida.org.au/conference](http://aida.org.au/conference)

# new online tools for the aboriginal and torres strait Islander alcohol and other drug sector

The Australian Indigenous Alcohol and Other Drugs Knowledge Centre (AODKC) have added a suite of online resources which are now available on the website.

Designed to inform and educate the sector these new resources include:

- two short animated films on illicit drug use and volatile substance use among Aboriginal and Torres Strait Islander people
- two infographics providing the key facts about illicit drug use and volatile substance use among Aboriginal and Torres Strait Islander people
- two HealthInfoBytes; one about the Knowledge Centre's tobacco web resources and the other about the latest Volatile substance use review.

These resources are in addition to two recently published eBooks and webinar recordings on topics which include ice and alcohol harm reduction.

HealthInfoNet Director, Professor Neil Drew says 'These latest additions to our digital communication media takes into account the many ways people learn, what their level of education is and how much time they have or how much detail they need. These new AOD resources complement our existing suite of digital tools and new platforms to deliver knowledge and information to the sector. We know that there is a need for up to date evidence-based information to assist those working in the AOD sector.'

You can view all of the Knowledge Centre HealthInfoBytes and Webinars on the HealthInfoNet YouTube channel <https://www.youtube.com/c/healthinonet>

## More information

The Knowledge Centre provides online access to a comprehensive collection of relevant, evidence-based, current and culturally appropriate alcohol and other drug (AOD) knowledge-support and decision-support materials and information that can be used in the prevention, identification and management of alcohol and other drug use in the Aboriginal and Torres Strait Islander population. A yarning place, a workers portal and community portal are other key resources. The work of the Knowledge Centre is supported by a collaborative partnership with the three national alcohol and other drug research centres (the National Drug Research Institute, the National Centre for Education and Training on Addiction, and the National Drug and Alcohol Research Centre). [www.aodknowledgecentre.net.au](http://www.aodknowledgecentre.net.au)



# climate-health champions workshop

16–18 June 2017

By Alana Street  
RAN, RM, RN, CRANaplus Member

I recently attended, on behalf on CRANaplus, a three-day Campaigning and Advocacy Workshop facilitated by Climate and Health Alliance (CAHA).

The workshop in July, was attended by 27 healthcare professionals from all over Australia, representing their professional bodies and communities with a single purpose of learning how we can continue to Make a Difference in relation to Climate Change.

The program objectives of the Melbourne workshop were to:

- create a strong and visible cohort of climate-health champions;
- build capacity within the health sector across difference disciplines and geographies to respond effectively to climate change;
- expand the public narrative on climate change to include the health and social issues;
- build a network of climate-health advocates skilled and confident to lead efforts in advocacy, organising and campaigning for climate action to protect health.

We were interested to learn that CAHA is planning to launch a Framework for a National Strategy on Climate, Health and Wellbeing for Australia, which provides the foundation for the intention, rationale and objectives of the Framework for a National Strategy on Climate, Health and Wellbeing. They serve to guide the application of the Framework, and provide a conceptual underpinning to the policy directions and recommendations.

Key outcomes from the three-day workshop included the following advice:

1. Tools – make sure you are up to date with the evidence and our materials area adequate for your target audience.

2. Healthcare without harm – language is so important.
3. Trust yourself, the more you practise being an advocate, and activist, the better you will become.
4. Research the people you are planning to meet – be prepared.
5. Reduce your own anxiety by knowing you do not need to know everything, but you will be a resource person and find out where the information is. You do not need to memorise the framework or the policy.
6. Create your own mailing list – it is so easy with IT access although we all know that Nurses and Midwives do not necessarily have internet access and/or mobile phone access in their remote places of work.
7. Engage with your professional organisations – more people will be interested than those who are not.

To read Alana's full report, please visit our website at: [www.crana.org.au](http://www.crana.org.au)





# heart support australia

Heart Support-Australia (HS-A) is a not-for-profit organisation committed to helping people affected by heart conditions. Through support, information and encouragement, our programs have helped Australians achieve excellent health outcomes for over 28 years. Our mission is to minimise the psychosocial and physical impacts of heart conditions on Australian families.

Cardiovascular disease affects more than 3.7 million people in Australia leading to 1.2 million experiencing disability as a result, and accounts for around 160 000 deaths per year. It is currently the leading cause of death in Australia (AIHW: 2016).

HS-A is ideally placed to provide peer support to people living with Cardiovascular Disease and their families and carers. Through this support we aim to reduce the ongoing burden of this disease and raise awareness to prevent new cases. There is substantial evidence that providing peer support to consumers and assisting their families can significantly reduce the health, social and economic impact of Cardiovascular Disease in Australia (Deloitte: 2011).

Research shows that depression has a significant role in the progression of a heart disease. This can affect physical changes such as an increase in hormone levels, disturbance in heart function, and inflammation. Inflammation has recently been cited as a major player in the development of CVD.

From this research, the link between mental health and heart disease (both before and after a heart event) is well-supported, and needs to be built into the health plans and recovery rehabilitation systems. This is where Heart Support Australia is dedicated to providing support, information and encouragement for all heart patients. In particular, the focus is on



supporting patients in rural, regional and remote areas of Australia after they return home from surgery. Oftentimes they are isolated and far from other support services. The opportunity to connect with people who have experienced the same health journey is vital to their recovery.

**“Heart disease isn’t well publicised. I thought a heart attack was like the movies where you hold on to your chest and you fall down – which apparently it is, but they’re the ones that you die from...”**

HS-A Dubbo Branch member Libby McMahon (pictured above) had a mild cardiac event in January 2013. She is 50 and considers herself to be in good health.

“Heart disease isn’t well publicised. I thought a heart attack was like the movies where you hold on to your chest and you fall down – which apparently it is, but they’re the ones that you die from,” she said. “I just felt revolting. I felt like I had been hit by a bus, totally exhausted.”

It wasn’t until her husband convinced her to go to hospital instead of work like she had planned, that Ms McMahon was told she was having a heart attack.

**“The biggest thing is if you’ve had a heart attack or you have heart disease in your family you must go and get it checked. Get your children checked, it’s very important...”**

“I did have signs that I totally ignored. I had tightness in my chest, I had breathlessness, I was burping and I had indigestion, I had hot flushes. But they could all be justified,” she said.

The hot flushes she attributed to the 40-degree January heat, Ms McMahon said; the indigestion was simply from her lunch. And as for the exhaustion, it had been busy.

“I just put it down to, ‘we just had Christmas’ and I had two weddings booked in that weekend to do. Life’s just busy, everyone is busy, and so you justify it away,” she said.

Now Ms McMahon encourages her children and siblings, as well as the rest of the community, to get their hearts checked.

“The biggest thing is if you’ve had a heart attack or you have heart disease in your family you must go and get it checked. Get your children checked, it’s very important,” she said.

“Women are fantastic at getting mammograms and we all go and get pap smears but we don’t get our hearts checked.”



Around 25,000 heart attack survivors across Australia have been helped by Heart Support Australia since the patient group was first set up in 1986. HS-A members are passionate about sharing their experiences and directly supporting others who have experienced a cardiac event. Advice from people who have walked the same journey can encourage positive behaviours and is an important element of patient rehabilitation.

**Heart Support Australia is currently focusing on sharing the stories of those who have experienced a heart event and/or are living with a cardiac condition.**

Heart Support Australia is currently focusing on sharing the stories of those who have experienced a heart event and/or are living with a cardiac condition. Have you or a family member experienced a heart event, and would like to share your story? Expressing these stories can be beneficial for those who have lived through them, and allow others walking the same path to understand that they are not alone in their experience.

**We’d love to hear from you! Contact Lara Marks-Nash on (02) 6253 0097 or [media@heartnet.org.au](mailto:media@heartnet.org.au)** ●

# new study reveals more reasons for aussies to ditch the salt

The Heart Foundation is renewing its call for Australians to watch their salt intake with research presented at the European Congress of Cardiology in Barcelona this week revealing a link between high salt intake and heart failure.

The Finnish study, which followed over 4,000 adults for 12 years, found that consuming more than 13.7 grams of salt daily doubled the risk of heart failure compared to consuming less than 6.8 grams per day.

Australian research shows that most Australians consume around 9 grams of salt per day.

In the Finnish study, the Australian average of 9 grams was still associated with a 40 per cent increased risk of heart failure, when compared to the risk for people consuming less than 6.8 grams of salt daily.



CEO National of the Heart Foundation, Adjunct Professor John Kelly, said that while eating too much salt was already linked to high blood pressure, a leading risk factor for heart disease, a link with heart failure was yet another good reason to ditch the salt.

"This study showed a salt-related increase in heart failure risk that was independent of blood pressure, which is concerning.

"Heart failure is one of the major cardiovascular diseases and is responsible for the deaths of more than 3000 Australians each year, and contributes to a further 18,000 deaths. It's also on the increase, with 29 per cent more deaths due to heart failure since 2006.

"While the process by which salt affects the development of heart failure is still unclear, this study supports the need for everyone to be aware of how much salt they are consuming."

The Heart Foundation recommends that all Australians should eat less than 6 grams of salt a day, which is about 1 teaspoon. Those with high blood pressure and those at risk of heart disease should eat less than 4 grams of salt per day.

"Although this study does not prove that high salt intake causes heart failure – only that the two are linked – it does underline the importance of reducing salt intake for better heart health," said Professor Kelly.

The study authors concluded that further research was needed in larger populations in order to make more detailed estimates of the increased heart failure risk associated with consuming salt.

The Heart Foundation recently launched a digital campaign with the Victorian Salt Reduction Partnership called Unpack the Salt.

For interviews, please contact Tina Wall, National Media Adviser, Heart Foundation, 0427 591 638 ●

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