

issue 111 | spring 2018

# CRANA *plus* magazine

RRP: \$10.00

the voice of remote health

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



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## from the editor

Spring is a great time and we have included some of your images from around the country reflecting this vibrant time of year. I would like to thank those of you for the photos you send to me for use in our publications and on the website. This edition's quirky cover photo comes from Andrew in Queensland who was asked by a friend to check out his camel, who had a cold. Andrew stresses he was not acting in a nursing capacity but couldn't pass up the chance for this photo.



Inside you'll find articles from our student members who's enthusiasm about rural and remote practice is inspiring and bodes well for the future workforce. Members share their stories and love of the bush and invite colleagues 'to give it a go'.

We farewell Geri Malone, Professional Services Director and congratulate Isabelle Skinner, long time CRANAplus member, on her prestigious appointment to Geneva. We celebrate milestones: Boab Health Services 20 years in the Kimberley and Elmhurst Bush Nursing Centre's centenary.

CRANAplus Bush Support Services poses the question 'do you want to work in a penguin culture or bear culture?' ...the answer will surprise. You'll read about the CRANAplus Community Night Patrol project in Central Australia, an initiative through the Dept of Prime Minister and Cabinet. Professional Services update on the LGBTIQ Network of Interest open to members and feedback from the latest Remote Management Program.

Stakeholders share the latest information: professional development webinars run by the Mental Health Professionals Network, the work of the Australian Anti Ice Campaign raising awareness and education on the dangers of the drug Ice (Crystal Methamphetamine), the Australian Indigenous HealthInfoNet has released a review of Aboriginal and Torres Strait Islander children's respiratory disease, Royal Far West writes about a 'trauma informed approach to supporting rural and remote families' and finally Shine SA says pap smears have been relegated to history, thanks to a new and better cervical screening test.

The Education Team might suggest you put down the Magazine for a moment and go online... the 2019 CRANAplus Education Calendar has been released and will fill quickly... remember one of the many benefits of membership is big discounts on courses.

Chris is right in saying the Magazine is 'chockers' with great reading!

Anne-Marie Borchers  
Manager Member Services  
CRANAplus



Australian Government  
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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.

**About the Cover:** Pit stop for an engine check-up. Checking out the heart murmurs and breath sounds of a camel just north of Poeppl Corner. Photo: Andrew Cameron.

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## from the ceo



Dear CRANaplus Members and Stakeholders,

I hope you enjoy this latest edition of our 'little' CRANaplus Magazine, that is always chock full of great stories and frequently found in the most unlikely places across Australia and the world! Personally, I really enjoy the first-hand stories of our members who are working in the most exotic, beautiful and extreme environments, it's fantastic that these stories get out and inspire others to work in remote, isolated and rural healthcare.

Unless you live under a particularly remote rock, you'd be aware that we are due for a Federal election sometime in the coming months. This is our democratic opportunity to select our government, but also a great time as a remote health professional to exercise your role as a health advocate for your colleagues, clients and community.

If you're lucky you may get to meet your local candidates, otherwise now is the time to call or send them a letter to express what you think are the priorities to improve the health and welfare of your patients. Or perhaps where we need more investment and focus to overcome wicked and entrenched problems in our healthcare systems. State Governments may run some of our health system, but not all of it! The Federal government has an important role and certainly sets and directs priorities through the allocation of our limited tax dollars, especially in primary health care.

If you need ideas, keep reading as we have included a list of some priority areas we believe need addressing to improve the health and wellbeing of remote Australians. To have your say, make sure you are enrolled to vote and that your details are up to date at [www.aec.gov.au](http://www.aec.gov.au)

Cheers

**Christopher Cliffe**  
CEO, CRANaplus



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

## the priorities for remote and isolated health in australia

**CRANaplus is the principal organisation representing remote and isolated health professionals in Australia, we are a member based, not-for profit, non-government organisation. For the past 35 years, we have been providing education, support and professional services to the remote health workforce of Australia.**

### The given

Remotely located Australians suffer a much greater burden of disease than other Australians.

### The context

Health professionals working in remote Australia work in some of the most geographically, professionally and socially isolating environments in the world. This requires them to be resourceful, have a broad scope of practice, use a comprehensive primary healthcare approach, have public health knowledge and the skills to work cross culturally.

### Who are they?

Nurses, midwives, doctors, allied and oral health professionals along with Aboriginal and Torres Strait Islander health practitioners/workers.

### Where are they?

They work in Aboriginal and Torres Strait Islander communities, farming districts, on and offshore mining, tourism, Antarctica, on islands, in detention centres, justice health, aeromedical and small remote towns often with highly mobile populations.

### Improving health status

The following is a list of priorities that will improve the health of remote Australians.

1. The **Social Determinants of health** are a significant causative factor of poor health outcomes for remote and Indigenous Australians. Therefore:
  - All health debates should occur in this context.
  - A whole of government and whole of society approach is required to remedy this problem.
2. All remote women have **access to contemporary evidence-based models of maternity care** regardless of where they live. This includes:
  - Continuity of care by a known Midwife, including during birth.
  - Equitable distribution of maternity and low risk birthing services for women who choose to birth where they reside.
3. All remote consumers have a right to access safe quality **emergency care**, provided by clinicians who are educated to a national standard.
4. **Remotely located elderly people receive adequate and appropriate access** to aged and end of life services. This includes:
  - Significant resourcing to develop innovative models of care and to support active ageing and quality of life.
  - Provision be made to address the growing burden of dementia.
5. Remote communities are funded to have a sustainable fluoridated **water supply** as a matter of priority, along with **increased access to oral health services**. ▶▶

6. Affordable and reliable **high-speed Internet** connectivity is a high priority for remote areas.
7. **The resourcing of, and access to health services** must be based on local community needs, disease prevalence and population health planning in collaboration with relevant local stakeholders to lessen the burden of disease.
8. **Climate change** imposes significant public health risks to remote communities requiring the development of responsive policy changes across Australia.
9. The **inequalities experienced** by Aboriginal and Torres Strait Island people must be addressed to close the health and life expectancy gap, remove health disadvantage and eliminate racism.
10. Address the marginalisation of the disabled, the LGBTI community and other minorities and the impact this has on their health.

### Improving the workforce

The following priorities will improve the remote health workforce in Australia.

11. **The model of healthcare in remote Australia is different.**
  - Remote health professionals use a **comprehensive primary healthcare** approach.
  - Investment is needed to educate the remote workforce in this model.
  - The remote nursing workforce is often the **consistent primary provider of healthcare**, including coordination and case management, due to a maldistribution of medical workforce.
12. Investment and initiatives are required to **increase and strengthen the remote Aboriginal and Torres Strait Islander health workforce**. This includes:
  - Significant investment and support to improve the numbers successfully completing nursing, midwifery, Aboriginal and Torres Strait Island health practitioners/workers, allied health and medicine.

13. **Cultural safety and cultural respect** education is embedded in all aspects of remote healthcare from novice to advanced practitioner.
14. **Racism** is identified, not tolerated and eliminated from all work locations.
15. **Sole clinical posts** in remote and isolated locations are not supported for any discipline, as they can potentially impact on the safety and quality of care.
16. Zero tolerance for **violence and aggression** towards the remote health workforce. Each location must have robust structures, policies and systems to ensure a safe and secure workplace.
17. Remote area nursing should be recognised as a **clinical specialty** and assessed against a nationally consistent standard for remote nursing practice.
18. Initiatives to **grow and retain the future remote health workforce** should include:
  - Students being able to access **funded remote clinical placements**.

- Novice practitioners are able to access remote **employment opportunities** with adequate support and resources.
  - Widely available and well-resourced **mentoring programs**.
  - **Certification process** to validate safe, quality remote area nurse practice.
19. Investment is provided to **educate and prepare** remote health **managers and leaders** through structured programs, in an effort to improve retention of the workforce.
  20. Dedicated executive roles and advisory forums are identified to ensure **senior clinicians have input into strategy and policy** in an effort to improve the safety, quality and management of health services.
  21. Investment needs to be made to support remote nurses, midwives and allied health professionals to lead and deliver **action-based research** to improve patient outcomes.
  22. **Expansion of tele-health and tele-medicine** in remote areas to enhance collaborative

- practice amongst the remote health team and reduce travel cost for remote consumers.
23. Acknowledge the contribution **rural nurses** make towards sustainable health services in our country towns, including:
    - Investment in defining, developing and promoting the **rural nurse generalist role** to rural health services.

### Regulatory changes required

24. **State and Territory legislation and health service policies are reviewed** to remove barriers that prevent remote nurses, midwives and allied health professionals to practice to the full scope of their training.
25. **Access to the MBS and PBS is reviewed** and amended to better reflect the actual workforce breakdown and functions of the workforce in remote and rural Australia.
26. All courses that **authorise the administration of immunisations** need to be nationally consistent and facilitate the workforce to practice across jurisdictions. ●





Photo: Di Holley.

# engage

## from the chair

**I'm sure that all of our members will be pleased to hear that 'your' CRANaplus has been successful in negotiating a further three years of funding with the Commonwealth Department of Health.**

The purpose of this money is to provide health professionals working in remote and Isolated Australia with the contextually relevant training, support and professional services that they need.

The health workforce policy goals associated with the grant are:

- addressing barriers to the recruitment and retention of health professionals in geographically remote areas of Australia;
- ensuring that the most geographically isolated Australians have access to high quality professional health care services; and
- contributing to improved health outcomes among people living in remote and isolated areas of Australia.

I've been hearing more of co-design and integrated system approaches lately, and I've got to say that collaborative practice has been a norm in remote and rural health for a long time. We work remote, but not alone, could well be our motto!

At CRANaplus we are no different and as such value the close partnership and collaboration we have with our rural neighbors, who are often using the same visiting services and referral pathways as ourselves.

Remote health can't be improved in isolation and we are keen to continue to work closely and collaboratively with our complex web of partner organisations such as those in the areas of Indigenous workforce (i.e. CATSINaM, NATSIHWA, AIDA, IAHA), Rural Medicine (i.e. ACRRM, RDAA), Allied Health (i.e. SARRAH), our Nursing and Midwifery entities (i.e. ACN, ACM, AMNF) and those of which we are members (i.e. NRHA, CoNNMO, CAHA).

CRANaplus is exploring how we can further improve our work at the policy and political level, and one area in which we intend to provide some additional focus is rural Nursing.

## Remote health can't be improved in isolation and we are keen to continue to work closely and collaboratively...

To leverage our learning and capacity to support our rural nursing colleagues, our agenda includes:

- Providing a supportive pathway for those moving between remote and rural nursing.
- Addressing the under representation of rural nursing at the decision making tables across the nation.

- Imbedding a clearer understanding of the role (and potential roles) of the rural nurse in the delivery of health care in our country towns.
- Acknowledging the value of this predominantly female part time workforce that often has family ties to the community in which they work.



Join us in Cairns 20–22 September at our International Conference for Rural and Remote Nurses and Midwives where these and broader issues will feature among the discussions.

Have you been checking your email or twitter accounts lately? Some grounding truths during the past winter months. Make someone warmer with your donation of clothes or maybe a meal subsidy. It's a great feeling to be warm with a full belly. Consider how an extra effort to donate to whatever charity floats your ideal has an impact down the track. Cold and starving is no way to start or finish the day.

And further on the topic of day starting, check out the Mindfulness Monday #110... to help you start each day in a positive way.

One of the ways of making this change is to wake early and think immediately and deliberately about things you have to be grateful for. Think about your day's schedule and look for the positives, a powerful way of framing how you will experience the day.

See you at Conference.

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

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DOESN'T MEAN  
ALONE**

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

## reflections from Geri



**As I prepare to vacate my position at CRANaplus, I realise that what I will take away from my time is the relationships I've formed, the networks and contacts across a great diversity of individuals, be they health professionals, consumers, Government bureaucrats and those in the political arena.**

I have loved the opportunities to meet and work with this diversity across the spectrum of health professionals – community advocates, carers and volunteers, and to be able to be a voice advocating for access to safe quality health services for all the consumers of remote areas.

In my role as Director, Professional Services, we developed the Professional arm of CRANaplus. Doing what CRANaplus has always done: been a voice for the remote and isolated workforce, predominantly Remote Area Nurses; responding to issues; and continuously informing and promoting the remote and isolated health perspective. Not just from the health providers but for communities and all users.

CRANaplus serves on numerous National Advisory groups, steering committees and working parties. Whilst not always easy to measure the benefits, we know we need to be around the table on national discussions to ensure the remote perspective is represented.

Working with students, mostly through the NRHSN, has given me great optimism for the emerging workforce. Nothing has been more rewarding than the opportunities to informally mentor and provide some guidance to this group.

There is still much to be positive about: health professionals and community leaders who remain totally committed to rural and remote health and who advocate strongly on professional standards of practice. Users of health services in the bush have the right to expect quality health care.

We all know that it is the best that need to work in the bush: you have to be more resourceful, skilled across a broad generalist scope of practice, flexible and you are there because you want to be.

See you around.

**Geri Malone**  
**Director, Professional Services**  
**CRANaplus ●**



## from Ngukurr to Geneva



**Isabelle Skinner is heading to Geneva to take up the position of Chief Executive Officer for the International Council of Nurses.**

Isabelle is a CRANaplus member and Fellow. Her remote career started in Katherine in the Northern Territory in 1986 where she was the remote area nurse reliever for the Katherine region. She had the opportunity to relieve in Ngukurr, Borroloola, Timber Creek and everywhere in between.

Isabelle was working at Katherine hospital as a midwife. She aspired to be a RAN; so when the opportunity came up she took it. After a short period out bush she realised that her nursing education was not enough to equip her to do the job. She applied to do further studies at the Liverpool School of Tropical Medicine where she completed her Certificate in Tropical Community Medicine and Health and came back to Australia to work as a RAN in the Kimberley region of Western Australia.

There were no relevant courses designed for RANs at that time and when Isabelle joined CRANA, she found a group of like-minded people who cared deeply about remote health.

They wanted to ensure that the health care provided to Aboriginal and Torres Strait Islander people in their own communities was culturally safe, and addressed the needs in each of those communities. CRANaplus membership gave Isabelle professional development opportunities, a way to advocate for her community, and the opportunity to lobby for relevant education and legislative changes to establish the Nurse Practitioner role in remote communities.

Since the early days of CRANA, CRANaplus has grown into a multidisciplinary organisation that partners with others in research, in tertiary education, and provides a truly multidisciplinary suite of high quality programs to meet the needs of remote health professionals and to competently address the health care needs of remote communities.

Isabelle, a recipient of the prestigious CRANaplus Aurora Award, is proud to have served two terms on the Board and one term as President to support CRANaplus' growth and direction.

She is proud to take these experiences to Geneva and to nurses all over the world in her new role. ●

# reconciliation action plan (RAP)

**CRANaplus continues to strive in its vision for reconciliation in contributing to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples who live in remote and rural Australia and is proud to launch its second Reconciliation Action Plan which has been endorsed by Reconciliation Australia and takes us to 2020.**

We have come a long way since 2014, where CRANaplus commissioned an external review of its existing programs to assess their impact for the Aboriginal and Torres Strait Islander remote health workforce, and identified the need for a RAP, supported by the Board of Directors, Executives and staff.

A proposal was then approved to resource the development of the first CRANaplus RAP, as part of the 2014/2015 organisational business plan, along with establishing the RAP Working Group in November 2014.

The RAP Working Group included a broad cross representation of CRANaplus staff, Board members and other stakeholders who volunteered their time, passion and energy,

with the first CRANaplus RAP launched at our annual Conference, in Alice Springs in 2015.

A number of people in the RAP Working Group, continue to volunteer their time, with the addition of some new members including an Aboriginal and Torres Strait Island Board Member and an Employee, all of whom share CRANaplus' core values of Integrity, Social Justice, Respect, Inclusiveness and Excellence in all we do.

By working in consultation with Aboriginal and Torres Strait Islander communities, organisations and leaders, our CRANaplus RAP continues to support us to embed cultural change within the whole organisation, in the way we live our core values, undertake our day-to-day work practices, build relationships, create sustainable opportunities, respect culture and improve the life expectancy for Aboriginal and Torres Strait Islander peoples.

CRANaplus is excited to progress the Reconciliation Action Plan, with much to do, leading into 2020.

**Karen Clarke**  
Co-Chair, RAP Working Group  
CRANaplus ●



RAP Leadership Group, from left: Susan St Clair, Geri Malone and Karen Clarke.



**“I want a super fund that thinks about my future world, as well as my account balance.”**

Rachael Sydir,  
HESTA member

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## emma sets the scene

**One day Registered Nurse Emma McCabe was indulging her love of film by taking on some work as an extra on a new Australian TV drama series. The next she was putting medical equipment together on set and advising the actors on medical procedures. Before she knew it, she was helping write the medical scenes.**

All this has led to Emma working for the past two and a half years as the on-set nurse and medical advisor for the first three seasons of the *Doctor Doctor* series on Channel Nine. "An absolute fluke," says Emma. "But I love it."

"I have always loved the film industry. When I was working in Canada, I did an acting course, and also some producing, and back in Sydney I got into doing some work as an extra. I never imagined combining my two loves – nursing and acting."

Emma's background has been predominately in critical care, working mainly in the trauma ICU. This is not the first time Emma has had an interesting work location, having worked at BHP Billiton in the ancient landscape of the Pilbara in Western Australia, and as an occupational health nurse and project manager for remote mining sites and off shore oil rigs.

**"...I never imagined combining my two loves – nursing and acting."**

"On *Doctor Doctor*, one of my roles is to assist in making the medical scenes look as realistic as possible as we're shooting them, from approving props to helping the actors perform assessments and treatments. Perhaps it's setting up an intravenous line, or making sure the drugs simulate the real thing, or helping the actors work out how to hold the instruments."

"I really enjoy the creative side: they'll ask for advice for a scene where they want the person to have a respiratory issue and to survive, or they tell me the outcome and ask me what the scenarios are to get to that point."

"There are many, many drafts, of course, from the first stage to the actual filming stage. My advice does sometimes get lost in translation. I have to remember that it is a drama, the directors have a creative view and if it's a good take and it works, well that's okay."

Emma is also the Registered Nurse for the cast and crew. Her background, which includes post graduate studies in occupational health and safety comes in very useful. ▶▶

Right: Emma sets the scene.

Below: On set Nurse Emma McCabe operates an oxygen bottle under a bed adding to the realistic sound effects of the movie scene.



» “I treat basic first aid injuries and illnesses. There can be problems with, for example, hernias in the grips department, as the equipment is so heavy, and there have been mishaps, such as a couple of the crew having to go to hospital for an ECG after a tussle with an electric fence.”

Season 3 of *Doctor Doctor* was mostly on location. “I think one of the main components in being successful in my role,” says Emma, “is knowing when an injury or illness is outside of my scope, particularly when we’re working in a rural setting.”

Emma also deals with workers compensation claims and makes sure the team remains legally compliant when they employ infants and children.

The *Doctor Doctor* team finished filming the last episode of season three on the same day that the first episode of the series aired. Emma is looking forward to work beginning on season four when she will once again help make the medical scenes happen by providing the props and helping the actors perform procedures.

“I love working with the cast and crew,” says Emma. “It’s the same camaraderie I used to get working in intensive care. When you are travelling and staying in motels and hotels, you get to know each other so well.

“There are a couple of nurses who work as extras on *Doctor Doctor* and some of the extras have played the role of nurses so often they are familiar with the basic procedures.”

**“I love working with the cast and crew... It’s the same camaraderie I used to get working in intensive care.”**

Until filming for season four begins, Emma has a new job – cast and crew nurse on a psychological thriller based on the northern beaches. Once again, she’ll find herself giving advice on medical scenes. ●

## happy 100th birthday



**The rolling hills of the Pyrenees Ranges in the wine making and farming region of south-west Victoria are the back drop of the Elmhurst Bush Nursing Centre (EBNC) which celebrates its 100th birthday this year.**

Elmhurst, which services the dispersed Elmhurst, Landsborough, Warrack, Amphitheatre and Crowlands communities, is one of 45 centres originally auspiced by the Victorian Bush Nursing Association, and is one of only four centres still open and operational.

Like other Bush Nursing Centres, Elmhurst receives funding from various sources, predominantly in the form of an annual grant from the Department of Health and Human Services. Other forms of income are received from ‘fee for service’ and from annual memberships paid by the community.

Over our lengthy history there have been many generous financial and ‘in time’ donations made to the EBNC, which has allowed for the development of our facility and services, says Centre Manager Deb Funcke. ►►

▶▶ The centre has a staff of two equivalent full time Registered Nurses with planned activity, administrative and environmental services support.

“The remarkable support from volunteers means we can offer much needed social support programs, over and above the extensive range of healthcare programs we provide,” says Deb.

Below: Deb Funcke (right) and Kerry Cattanaach (seated).

“One of the great benefits is that our ageing rural communities can access appropriate and meaningful care, allowing our clients to remain local and engaged – rather than having to move to larger communities for care.”

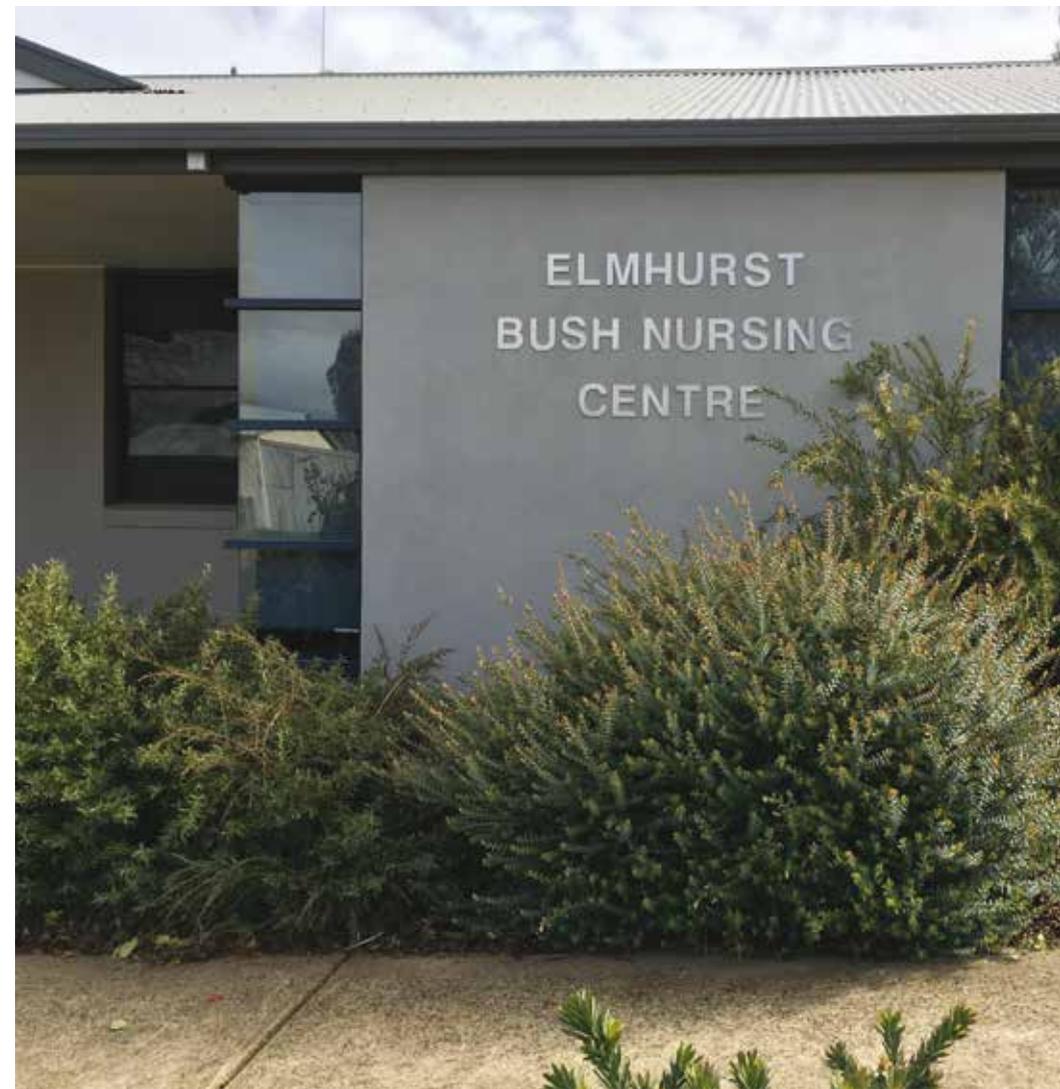
Deb points out that the Centre’s Registered Nurses are trained Remote Area Nurses and receive annual competency training through Ambulance Victoria.



“One of the great benefits is that our ageing rural communities can access appropriate and meaningful care, allowing our clients to remain local and engaged...”

In addition, the Centre’s Board of Management and staff are committed to achieving the National Safety and Quality Health Service Standards in 2019 by cultivating ongoing development in clinical and organisational management.

“Together with its co-operative relationship with the community and service flexibility, our service has a bright prospect of surviving the next 100 years,” says Deb. ●



# Sugarman Australia

Finding work can often prove to be a stressful and lengthy process with many hours being lost to trawling through job boards in search of that perfect role, but this doesn't have to be the case.

Sugarman Australia's Nursing division is comprised of specialist consultants who are all experts on the industry. We specialise in placing our candidates into both permanent and contract positions throughout the whole of Australia and are perfectly positioned to provide you with advice and support whilst taking the next step in your career.



## Meet the Team

Above, from left to right we have: Roisin (division manager, recruiting in the Pilbara and Midwest); Carly (Goldfields, Wheatbelt and Northern Territory); Laurie (regional NSW); Ciara (regional Queensland); Rylan (Kimberley and Northern Territory); Emily (regional Victoria); Jackson (Sydney); and Triona (Melbourne).

If you're interested in finding out more information about potential opportunities, get in touch today and one of our friendly consultants will be happy to help.  
Phone (02) 9549 5700 or email  
Roisin.Burns@sugarmangroup.com.au



## SugarShoutout

**What's your name?**

*"Marie Altham"*

**What type of nurse are you?**

*"I'm a Remote Area Nurse who's absolutely living the dream, four years I took the leap of faith from the security of a senior position in a busy Emergency Department to go agency."*

**What did you last work?**

*"I work across Australia as a RAN, when I want and as much as I want and get to see some stunning places such as NT, WA, SA, FNQ. latest contract is in the Anangu Pitjantjatjara Yankunytjatjara (APY) lands of South Australia."*

**What did you enjoy about it?**

*"The places are amazing and the people truly wonderful."*

**What is your experience of working with Sugarman?**

*"I was searching for something from work but didn't know exactly what I was looking for. Fortunately, when I was scrolling through nursing agencies something attracted me to Sugarman and it was my best career decision to date. When I took the leap with Sugarman I found what was missing, myself worth as a nurse. I often say with Sugarman you don't feel as though you're working for them you're working with them." ●*

# the journey to parenthood



**Diana Baseley, Clinical Midwifery Manager in the Maternity and Midwifery Group Practice at Alice Springs Hospital, says the joy of working in Maternity comes from looking after mums and being a part of their journey into parenthood.**

"It is very satisfying and rewarding to work with women throughout the perinatal period and I never tire of the work involved," she says.

Diana originally trained as a Registered Nurse in Mount Gambier, in South Australia, and worked in Paediatrics in Alice Springs for one year, before doing her midwifery training at

The Mater Mother's Hospital in Brisbane. After a year of travelling she was back in Alice Springs.

Diana worked in paediatrics and many other roles at the hospital for seven years before asking to move into Maternity in 1999 when she was pregnant with her second child.

"I loved the return to this type of work from Day One," she says.

"Throughout my 18 years of working in the Maternity Unit here in Alice Springs, I have been at the birth of countless babies and have gone from part time work as a junior midwife to full time work as the manager (with all roles in between). I have always loved working in the birth suites and now occasionally do a

casual shift on the ward to maintain those skills needed to work on the floor.

"The pleasure in this type of work comes from myriad moments, such as the birth itself, the discovery by a new mum that she can indeed manage to breastfeed her own baby and the transition from life as a woman/couple into a family.

"I also find great satisfaction in working with the excellent teams of midwives that make up the Maternity Unit and the Midwifery Group Practice. We have a very professional and dedicated team of staff here in Alice Springs and Central Australia, from the hospital support staff right up through the team leaders and managers in the

Above: The lady to my right (on left in the photo) in light blue shirt is Brenda Porter, our Aboriginal Liaison officer and the lady in bright blue shirt is Sherrelle Khan, my Aboriginal Health Worker.

different departments. The urban and remote teams of Central Australia are second to none.

"My particular interest lies in caring for women from remote Central Australian communities and how we can best support them and the staff who care for them. To that end, we strive to work very closely with all of the midwives and extended teams in these services and we are constantly looking for ways to improve the care we provide to this cohort of women and families." ●

# Boab Health Services; celebrating 20 years of primary healthcare in the Kimberley

**This September Boab Health Services (BHS) celebrates 20 years of providing high-quality multi-disciplinary primary healthcare across the remote Kimberley region of Western Australia. The Kimberley is a unique, vast and harsh expanse of over 423,000 square kilometres, about three times the size of England and twice the size of Victoria.**

Rich in culture and beauty with a strong Aboriginal community, the region's population experiences high rates of chronic disease and devastatingly, some of the highest rates of suicide in the country.

From humble beginnings with just four staff based at Broome Hospital, the small not-for-profit organisation has grown to meet the region's unique and complex health needs.

Over 40 staff members are today employed by BHS, located across three towns: Broome, Kununurra and Wyndham.

BHS was founded as the Kimberley Division of General Practice, to support GPs with allied health services, in particular the growing rates of Type 2 diabetes. In 2012 with the advent of the Medicare Locals and the dissolution of the Divisions of General Practice, the organisation transitioned into Boab Health Services Pty Ltd.

Today BHS provides clinical and health promotion programs. Our allied health team includes dietitians, diabetes educators, podiatrists and paediatric nutritionists. Our mental health team employs tertiary qualified professionals with backgrounds in psychology, clinical psychology, social work and mental health nursing.



Recently in response to Kununurra's selection as a trial site for the Cashless Debit Card, we have rolled out programs to support young people affected directly or indirectly by alcohol and drug issues.

Our Integrated Care Team supports Aboriginal people with chronic conditions and complicated care needs who require assistance in managing their health. To support the delivery of culturally safe and appropriate services, Aboriginal people with backgrounds in nursing and Aboriginal health, are employed in the crucial roles of care coordinators and outreach workers.

BHS is accredited against the National Primary Healthcare Quality Standards and the National Mental Health Standards.

Recently the organisation has achieved several state and national awards for Service Excellence and is the only non-government organisation in the Kimberley to achieve gold recognition for a Healthy Workplace with Healthier Workplace WA.

**For more information about our programs or employment opportunities please visit our website or follow us on Facebook. ●**

# a gratifying profession

**After 43-plus years as a paramedic, Dean Friend called it a day. Or so he thought. Here's his story.**

It's 2015, and my wife and I hooked up the van, rented the house out and set off on our new adventure. I'd spent 20 years with Ambulance Service Victoria, 16 years with Queensland Ambulance Service, and a spell with the National Ambulance Company in the United Arab Emirates covering a range of roles. I then bounced around the resource sector for a few years.

My long career spanning over 43 years was over. Wrong! After 10 months on the road, boredom set in. What I thought was the end of my career was actually the start of a new venture in the outback. So here I am in the Red Centre, Station Officer in Alice Springs, with St John Ambulance NT.

I seriously thought I had experienced a lot but wow this place has opened my eyes in respect

to the difficulties facing health providers and the Indigenous population. Alice Springs is the busiest place I have ever worked in and without doubt the most violent. There are many social issues associated with our work here, including inadequate transport systems, primary health care issues and family problems where we are often called upon to help out.

**I seriously thought I had experienced a lot but wow this place has opened my eyes in respect to the difficulties facing health providers and the Indigenous population.**

The work is diverse and we are responsible for a 150 km radius response area from Alice Springs. With a comparatively young workforce totalling 40, it adds to the complexity of the place.



No luxury of calling on the next station to assist and no helicopter resources. So juggling resources can get tricky especially during the busy times, which averages out about 50 cases per day.

I often reflect back on my life. I started back in 1975 as a Cadet Ambulance Officer in Geelong, 17 and full of bravado. The job has advanced

in leaps and bounds in all aspects since then. And I think to myself what a privilege it has been to be in such a gratifying profession. ●

Left: Ambulance Officer Cadets, 1976.

Above: Christmas lunch, 1985.

Below: The team, July 2018.



# nursing accreditation at risk without adequate funding for locum support

Located in the Corangamite Shire, also known as the Lakes and Craters region, Camperdown has a steady population of over 3,300 residents. It is two and a half hours west of Melbourne and just over an hour south of Ballarat with the Great Ocean Road a 30–40 min drive away.

The Camperdown community comprises primarily of farming and small businesses with a small percentage of welfare-based families and an increasing number of elderly residents, all of whom require access to quality and affordable healthcare services.

Camperdown Clinic provides cradle-to-grave healthcare across the Great Ocean Road to Mount Elephant and Lismore. They have employed practice nurses for over 14 years and provide educational opportunities for Continuing Professional Development (CPD) and skills maintenance for their staff. The local hospital is run by General Practitioners and is supported by highly proficient nurses who care for their inpatients.

Mark Leddy, Practice Manager for Camperdown Clinic, is responsible for ensuring that appropriate staffing levels are met to provide continuity of service within the local community, especially during CPD training. Mark said, "it is always a human resource issue to rely on other team members to adjust their lifestyle in order to cover a position when training is undertaken".

Mark first heard about the Australian Government-funded Rural Locum Assistance Programme (Rural LAP) in 2011 and he was glad the initial conversation took place.

"The assistance, guidance and professionalism were at the highest level. The whole evolution was undertaken with clear advice and, surprisingly, minimal paperwork. The quality of candidates put forward allowed management to select the most appropriate locum to cover the position. If I had been recruiting for a full-time practice nurse,

all three of the candidates would have been on my interview short-list," Mark explained.

Camperdown Clinic was eligible to receive Government-funded locum support which they used for a practice nurse who was required to attend a Pap Smear Update course that was a five-hour drive away. This meant that the practice nurse was away from the clinic for several days to provide adequate travel time and undertake the course refreshed and focused. Mark said, "without access to locum support, we would not have been able to cover their absence and their accreditation may have lapsed".

"The ability to allow health providers access to a staffing resource through Rural LAP certainly encourages managers to support the endeavours of their staff in maintaining currency and competency," he concluded.

Camperdown Clinic continues to access this Government-funded service with a locum currently deployed to cover a practice nurse on leave.

## About the program

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



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# the adventures of a 'true blue' rural and remote nurse



## Merle's Outback Adventure

**Whilst sitting, relaxing under a boab tree in the remote Kimberly region, I realised that I had no desire to return to the ever-frantic city Emergency Department (ED) where I'd been working for the past fourteen years.**

What a wonderful feeling of freedom – I had complete control of where I worked, how long I stayed, and when I worked again.

In 2005, I left the ED and became part of a small group of Nurses wandering the countryside with little more than the bare necessities – a few clothes, a Kindle loaded with books, some food and a few essential cooking utensils. We go deep into the unknown, at times unreachable, and then reappear weeks or even months later in a completely different location; always armed with incredible tales to tell.

I have never returned to the 'real' world where a Nurse's role is by the book. The R&R Nurse is a Nurse, Driver, Mechanic, Cleaner, Stores Person plus a number of other roles that come up along the way.

Above: Nurse/Mechanic.

Top right: Start of wet in Palumpa, Top End.

Below right: First rain for the season in the Kutjungka.



In the R&R world, I have formed some lifelong friendships Denyse, Beth, Ponee, Dr Manny and more recently the lovely Rhiannon. Where and when will I see them next, only time will tell.

The travel to communities comes in many modes. A little eight-seater that bounces over the desert dunes where you can sometimes get a glimpse of a wild donkey or horse. Other times, a flight over the reefs and blue waters of the Torres Strait where you may be lucky enough to see a turtle or dugong!

Currently, in Central Australia, we have a driver in a 4WD who takes us safely over the rough, sandy, muddy roads out to the remote communities. Our driver was actually a R&R Nurse for many years so along the journey she shares her remarkable stories and experiences. She makes the long trips fly by. She drops us off, waves goodbye and with a smirk says, "See you in a few weeks you poor bugger". ▶▶

▶▶ There are many 'Crazy' moments when we need more than a Mintie!!

One 'Crazy' R&R moment occurred when I was working in a remote Kimberley clinic. I was one of two Non-Midwife Nurses that had just arrived that day and I happened to be on call that night.

The shift had flown by until at 6:30am, where I heard lots of noise and banging on my door, followed by "Nurse, Nurse, I'm having baby pains". Whilst frantically flicking through the CARPA manual for the guidelines, this was a great reminder that as a R&R Nurse one must cope with confidence in any situation.

This amazing moment was still to come – I delivered the little 32-weeker and had to resuscitate this little man until Royal Flying

Doctors Service arrived four hours later. He's now a delightful, cheeky 3-year-old.

The solace is that at any time we can have direct contact with the Doctor and most clinics have very experienced permanent staff, both indigenous and non-Indigenous, who have a huge reservoir of knowledge to share.

As evening approaches and the clinic is closed for the day, we have time to relax and enjoy a walk as the sun sets – always mindful of dogs, pigs, emus, snakes and the occasional camel. The stars are so bright against the night's sky and, depending where you are, the stars take the most amazing shapes.

**If you're looking for an adventure, the HCA team can deliver 1300 422 247 ... you won't regret it! ●**



## Insights from a Rural ED Nurse

Joanne and her partner are currently doing contract work in rural locations throughout WA with the leading global staffing company Medacs Healthcare

**■ Tell me about your nursing career, have you worked in rural locations before?**

I have been nursing for nearly 23 years. I worked in regional and metro NZ ED for 16 years with a background in ICU, prior to that I worked in rural NSW and WA.

**■ What are the differences between working in a regional/metro hospital?**

In Metro areas ED is for emergencies, practice nursing occurs in GP surgeries, there are district nurses for home visits, community and inpatient psychiatric care for mental health patients, paramedics take patients to hospital and ED nurses don't care for long term patients once they leave the ED. Out here, the role is all encompassing, we have to wear many hats as there is often no other help available and our ambulance service is staffed only by the good grace of local volunteers.

Our team consists solely of nursing staff with the wider team only available by phone and video conferencing.

**■ What are the benefits to nurses who work in rural communities?**

The community itself is the main benefit. The people here all recognise me and stop me on the street to express gratitude and update me on how things worked out for them after my part of their care ended. There are chocolates and even the odd crayfish dropped in from grateful patients and family, which never happened in metro ED!

**■ What advice would you give to nurses who are interested in rural nursing? i.e. preparation, what to expect, etc.**

Be prepared to work outside your comfort zone and learn to roll with whatever comes your way. Bring your own pillow!!!

**■ How was the process and what has your experience been like working with Medacs Healthcare?**

Medacs have been amazing right from the initial "shall we try this" through to finalising the contract and getting me on the plane. Above and beyond service!



Hiding from an LABicillin injection.

# the huge waiting room that is rural Australia



Finding a passion for rural clinical work came as a surprise for Flinders University medical student Jacob Ross.

**“To be a part of the service linking the huge waiting room that is rural Australia with regional medical facilities and major metro hospitals is an experience I’ll never forget,” says Jacob, whose clinical experiences in rural and remote locations in South Australia has inspired a keen desire for more. Here’s his story.**

Choosing medicine as a second career was bound to pack a few surprises. Having travelled my whole life, living and working across the US, Canada and Australia, my time in research labs and lecture halls drew to a close when I entered medical school at Flinders University. I was after a change of focus; a move away from genes and proteins and towards a more integrative and socially relevant approach to health. Translating my knowledge of physiology to the clinical context was both challenging and rewarding. But it was during my rural placements that I felt that I really connected with people.

Throughout medical school, I was fortunate to have placements in Crystal Brook, Whyalla and most recently a six-week stint with the Royal Flying Doctor Service (RFDS) in Port Augusta. Flying over vast stretches of country brought home the challenges faced by rural doctors in providing medical care to widely spread communities. This was where the marvels of modern medical interventions could be undone by vast distances and travel times, and by the lack of equipment usually at the fingertips of doctors in city hospitals.

The value of accurate history taking, thorough physical examination and diagnostic reasoning is apparent when they are the most effective tools you have to work with.

**Flying over vast stretches of country brought home the challenges faced by rural doctors in providing medical care to widely spread communities.**

While with the RFDS I flew to remote South Australian communities in Cook, Oak Valley, Yalata, Marla, Oodnadatta and Maree, and met amazing doctors and nurses for whom these long hops were ‘part of the weekly round.’ What amazed me most of all was how quickly I was welcomed as a team member. ▶▶



» Inlusiveness, a flat heirarchy and teamwork were the ethos of everyone I worked with.

When I wasn't flying, I took part in GP clinics in Port Augusta with Dr Andrew Killcross (Senior Medical Practitioner at the Port Augusta RFDS Base), and took part in an advanced airway management training day put on by Dr Tim Leeuwenburg (of kidocs.org fame).

**Inlusiveness, a flat heirarchy and teamwork were the ethos of everyone I worked with.**

These experiences showcased the advantages of working away from the tertiary hospitals: more autonomy, an emphasis on teamwork and communication, and the chance to get involved with some really interesting clinical care.

My rural placement coincided perfectly with my application for internship.

I preferred the Northern Gulf Eyre regional training hub, which will host interns for the very first time next year, and was extremely lucky to have been offered one of the five available spots for 2019. I convinced my partner that this was our next adventure.

In January 2019 we'll be off to the country! ●



Photo: Merlie Health.



Photo: Courtesy of NRSHN.

## Sponsor a Scholarship

The remote health workforce of the future needs your support

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Here's your chance to boost the career of a future health professional and support the remote health workforce.

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For more information email [scholarships@crana.org.au](mailto:scholarships@crana.org.au)

## valuable lesson in holistic care

**For Heather Coombe, third-year nursing student at Edith Cowan University in WA, her first impression of Derby in the Kimberley region, 2354 km from Perth, was from the school bus that makes the 200 km drive from Broome to Derby three times a week. Here's her story.**

This journey of travelling with school children and locals, dodging potholes and the cattle feeding at the roadside signalled the beginning of a great Kimberley experience, and a taste of the challenges of rural and remote nursing. My one-month placement in the Emergency Department at the local hospital was about to begin.

Derby is located on tidal mud flats on the edge of the King Sound with a population of 4500, half of whom are Indigenous Australians. The hospital provides medical, surgical and emergency services to the township and outlying communities including Mowanjumb, Pandanus Park and Luma. Uniquely, the emergency department staff respond to all ambulance callouts and patient transfers in

the district, with a registered nurse and orderly manning the ambulance.

My initial and lasting impression throughout was of the skill, resourcefulness and compassion of every team member of the hospital. The immediate inclusion, mentorship and encouragement I was given strengthened my clinical skills and exposed me to a style of nursing that had a unique brand, honed through extensive experience and knowledge. This provided me with the environment to extend my skills and practice culturally appropriate and safe care.

My nursing experiences extended my understanding of the higher rates of poor health and chronic diseases that contribute to the health inequity seen amongst the Aboriginal and Torres Strait Islander population. Whilst we learn extensively about health disparity and the impact of socioeconomic disadvantage at university, it becomes real very quickly when working in a rural/remote community and highlights the significance of providing quality healthcare.

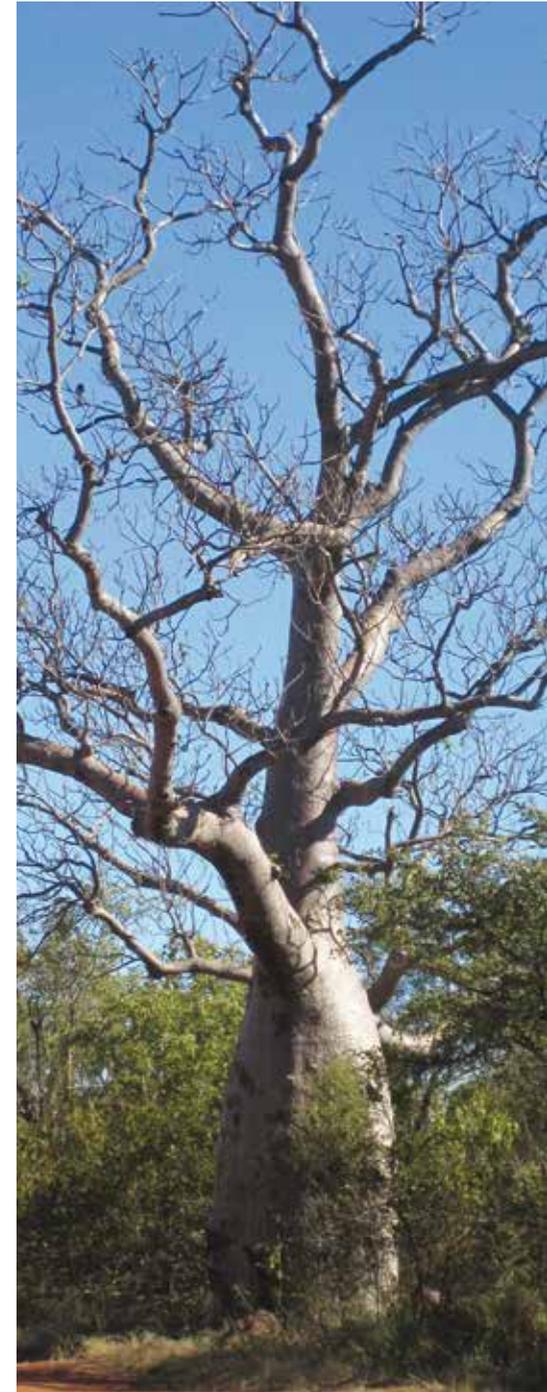
Every day I witnessed the healthcare team constantly adapting care delivery to ensure not only that the health needs of patients were met but their social and family circumstances considered. It was a valuable lesson to participate in holistic nursing care that addressed the social determinants and broader issues contributing to poorer health, and recognise the opportunity it provides to positively influence patient health outcomes. I watched the immediate team cohesion when faced with acute emergency situations. This highlighted that combined team skills is the resource that determines the outcome of the critically unwell patient in a remote location.

**My initial and lasting impression throughout was of the skill, resourcefulness and compassion of every team member of the hospital.**

Along with my locally purchased carved boabs, I take the memory of being waved to by local children that I'd treated in ED whilst out walking, and shopping in the local supermarket where I was proudly given a baby to cuddle whilst being thanked by the mother for taking care of her sick baby days previously. I don't think there was a wider smile at the checkout! I relished the remote living and loved the welcoming nature and generosity of the locals – it felt like coming home.

I am determined to become a remote area nurse and I've returned home to complete my studies in preparation for graduation this year. On registration, I will work towards gaining the experience and education necessary to achieve my goal.

**I'd like to thank CRANaplus for the support it provides through these scholarships to nursing students, giving them a chance to gain remote/rural nursing experiences during their clinical placements. ●**



# importance of cultural sensitivity

**Kidney health, the dangers of synthetic cannabis, the benefits of community gardens and tackling the issue of smoking were all part of the experience for Jean Gillespie's health promotion placement in the remote Northern Territory town of Tennant Creek.**

Jean, a third-year health promotion and nutrition student at Deakin University, says her time in Tennant Creek taught her the importance of designing health programs that are relevant to the target population.

"I feel this was more than I could have ever achieved staying in Melbourne," says Jean.

Welcomed with a morning tea and introduced to the public health team at Anyinginyi Health Aboriginal Corporation put some nerves to rest for Jean, along with a cultural awareness seminar.

On the second day in Tennant Creek, it was hitting the ground running. "We were advised a young boy had just died from a synthetic cannabis overdose and our whole public health team worked together to spread awareness about what synthetic cannabis is," says Jean. "A culturally appropriate poster was created and spread around to all community groups and to the remote camps. The community members were all so grateful for the information because there was a lack of awareness surrounding the danger of this drug."

One of the main organisations Jean visited with Helena the Dietician and Syed the Health Promotion Officer was the community garden in the town. Community members work for the dole: the men work in the garden and women cook and make crafts in the large shed. At the community garden, Jean and her supervisors

had the opportunity to discuss health issues with the women, such as smoking and diabetes, while they worked together to make fresh food using ingredients from the garden.

"Another major public health team task I attended was the six-week Tackling Indigenous Smoking program," says Jean. The program was designed to be a non-judgemental support for women who smoked, while teaching them the positives of not smoking and the negatives of continuing smoking.

"By the end of the program the women who would barely participate at the start were joining in conversations," says Jean. "Almost everyone thought they wanted to quit smoking."

A major message Jean took away from her placement in Tennant Creek, she says, was not only the importance of health promotion, but also cultural sensitivity. ●



## sweet life of an Exmouth nurse

**Shae Woodward, a third-year nursing student at Edith Cowan University, Joondalup Campus, is amazed it took her so long to do a remote placement. It has changed the course of her nursing career. Here's her story.**

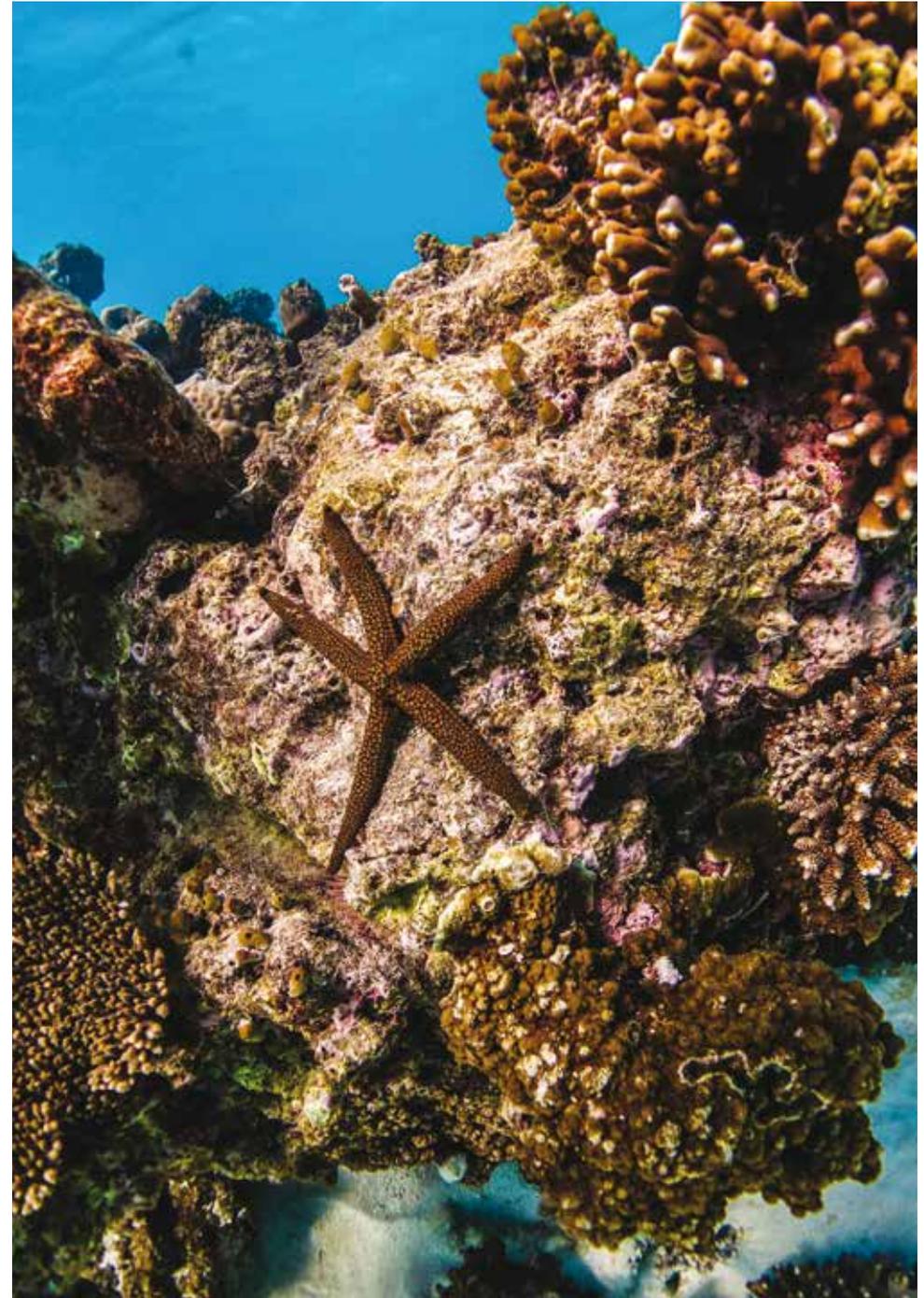
For my final six-week nursing practicum I wanted to do something exciting and completely out of my comfort zone. My bid to be adventurous, as well as an eager desire to escape the icy winter winds of Perth, led me to Exmouth in the north west of remote Western Australia. Looking back, I find it funny that I didn't consider doing a remote placement sooner.

From the first day of my placement I was openly welcomed and supported. The nurses and doctors within this isolated setting are exposed

to a broad range of clinical presentations each day and subsequently possess a wealth of knowledge that they are more than happy to share. Continuous professional development was provided through mock clinical presentations, lectures from industry professionals, video conferences and staff-to-staff training.

On shift in a remote emergency department, the workload of your day is unpredictable. Some shifts involve rashes, blocked ears, plastering casts for fractures, chronic wound management and removing of sutures. Others involve broken legs, jellyfish stings, chest pain, fish hooks to the eye and a spontaneous pneumothorax, sometimes all at the same time.

With the guidance of such fantastic healthcare staff, I was able to learn so much in such a short time. ▶▶





▶ As well as ED, I also worked throughout the general ward and was able to develop my time management skills, medication knowledge and patient rapport.

My days away from the hospital were spent snorkelling, hiking, enjoying the incredible live music and meeting travellers from all over the world. I also managed to cross off a bucket-list item: swimming with some beautiful whale sharks, as well as seeing turtles, stingrays, dolphins and humpbacks in their natural environment.

I could never get tired of admiring the abundance of marine life that inhabits the underwater oasis of Ningaloo.

**I also managed to cross off a bucket-list item: swimming with some beautiful whale sharks, as well as seeing turtles, stingrays, dolphins and humpbacks in their natural environment.**

Like many nursing students, the fact that this profession can take you all over the world has always been a major attraction to me. I did,



however, believe that this experience was reserved specifically for the future Shae; the qualified and experienced nurse who could work in a rural or international setting if the opportunity presented itself.

My experience in Exmouth however has made me want to actively pursue remote nursing in the very near future. Exmouth taught me what I thought I already knew: nursing really can take you anywhere.

My favourite thing by far from this experience was the sense of community that accompanies placement within a remote town. A six-week prac is long enough to find the local gems,

establish genuine friendships and fall into a routine that makes living in Exmouth seem so natural. Working within the hospital makes you feel as if you are contributing to the community and further creates a sense of belonging and inclusion. The only negative is how hard it is to leave such a special place.

In the most dramatic sense, this placement has changed the course of my nursing career. As a result, I have new goals and professional aspirations that involve the entwining of travel with nursing. I know that rural nursing will play a large role in my future and am certain that one day I will relive the sweet life of an Exmouth nurse. ●

## opportunity to gain an insight

**Jamie-Lee Covell, a fourth-year Bachelor of Speech Pathology student considers herself lucky to complete her fourth year paediatric Speech Pathology placement in Katherine, in the Northern Territory.**

Jamie-Lee, a student at James Cook University in Townsville in Queensland, along with three peers, all put their names forward for the placement. They were aware of the vast range of skills and experiences that can be gained from completing a rural and remote health placement. In addition, these placements also provide the community with Speech Pathology services that they otherwise may not have access to.

During the seven-week placement, Jamie-Lee and her fellow students worked at local primary schools where they completed assessments and delivered therapy to students aged between 5-17 years old.



“The main presentations that I experienced included difficulties relating to speech, language and/or literacy,” says Jamie. “Some students spoke up to four different languages: English plus other Aboriginal languages.

“The placement was a fantastic opportunity to gain an insight into, not only the challenges, but the many benefits of working and living in a rural and remote area: being involved in a small community and feeling like you are really making a difference.

**“The placement was a fantastic opportunity to gain an insight into, not only the challenges, but the many benefits of working and living in a rural and remote area: being involved in a small community and feeling like you are really making a difference...”**

“For example, I volunteered at a local working bee where I spent the day contributing to the Reflection and Healing Garden developed by the Katherine Regional Stolen Generation Group and the Katherine Museum. It was set up to be used as a safe space for the Stolen Generation members, their families and the community. Myself and another peer also helped to set up then attend the National Apology Day ceremony. At both of these events, I was able to meet many local elders and residents who were very insightful and inspiring, by sharing their stories and knowledge. The Katherine museum was another place where I was able to learn much about the history of the local area.”



Jamie-Lee also attended a cultural workshop as well as networking functions alongside medical and nursing students who were also completing their placements in Katherine. This provided a great opportunity to share and exchange stories and experiences with students from all over Australia.

The local area was absolutely breathtaking, says Jamie-Lee. “We travelled to Katherine Gorge, where we caught a boat to the Southern Rockhole and spent the morning swimming, before hiking through the bush back to the starting point. Another weekend was spent at Edith Falls, where we hiked through the bush, stopping off at different waterholes along the way. We also spent an afternoon swimming in the beautiful Katherine Hot Springs.

“There was so much more to see and do – not only would I like to visit the NT again, but I hope to one day work in a rural and remote health setting.” ●



## learning beyond the familiar

**Paula Messina, a fourth-year pathology student at Flinders University in Adelaide, considers herself fortunate to have undertaken a 10-week placement at the Royal Darwin Hospital in the Northern Territory. Here's her story.**

I thought my chances were slim to be placed rurally, let alone interstate at the Top End of Australia, so when I found out I was placed in Darwin I was shocked to say the least! After a moment of disbelief, I realised how incredible this opportunity could be for my learning and development, both personally and as a future



Paula (left) and Rebecca Keeley (Speech Pathologist at the Royal Darwin Hospital).

health professional. Prior to this experience, I hadn't lived out of home away from my family in Adelaide, and never left for longer than a couple of days. My speech pathology-related practical experience with adults at that stage was limited to some occasional volunteering.

At the hospital in Darwin, I was welcomed by a wonderful team of speech pathologists and allied health professionals and their kindness contributed to such a positive transition into what was initially a foreign working context for me.

I had the opportunity to conduct assessments and intervention with adult inpatients in the acute setting. The patients I worked with included those with difficulties related to their ability to communicate and/or swallow effectively. I was also placed in the voice outpatient clinic with adults who had voice related impairments.

My experience on this placement was both a personal and practical learning challenge. By being placed outside of my comfort zone, I learnt beyond what was familiar to me. In the process, I observed and experienced unforgettable moments. For example, I was able to observe the journey of a young adult with Guillain-Barré syndrome from ICU where she was dependant on a ventilator to breath, meaning she could not use her voice on her own, all the way to her discharge to rehabilitation where she would go on to do intensive speech exercises.

My clinical educators played a major role in my learning experience on placement as I observed their own clinical skills and received their reassurance, support, feedback and guidance. This helped me greatly in building new skills and approaching unexpected situations, including a cyclone the first weekend I was there! Every other weekend I enjoyed the tropical weather, the markets, the pool and beaches: perfect relaxation between weeks of placement.



I remember the self-doubt and nerves I had leading up to and during this placement. Despite this, accepting challenges and being open to new opportunities allowed me to achieve personal and professional goals and, looking back, these are my most cherished learning experiences.

On my rural placement I grew in my independence, confidence and communication skills. A speech pathologist mentioned in one of my earliest lectures that, in pursuing this role, it is important to know that strong communication skills are essential. This is something that I've aimed to continuously develop over my placements in different contexts and one of the most interesting experiences I had on this

rural placement was communicating with the Aboriginal population.

While 30 per cent of the Northern Territory population is Indigenous, the percentage of patients in hospital who are Indigenous is much more than that. The cultural and linguistic diversity of the hospital patients was vast, giving me the opportunity to use different communication skills. I also had the opportunity to complete cultural awareness training with placement students from other health/medical fields.

Cyclone and all, I thoroughly enjoyed my time up in Darwin and definitely would like to head up there again soon! ●

# mates of CRANAplus

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

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

which enjoys a wide circulation throughout Australia and internationally.

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

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



**AMRRIC (Animal Management in Rural and Remote Indigenous Communities)** is a national not-for-profit charity that uses a One Health approach to coordinate veterinary and education programs in Indigenous communities.

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



**The Australasian College of Health Service Management ('The College')** is the peak professional body for health managers in Australasia and brings together health leaders to learn, network and share ideas.

Ph: (02) 8753 5100 <https://www.achsm.org.au/>



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



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



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



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



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



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.



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



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



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**Rural 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/>



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# support

## reflective practice

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

**There are two core features of the workshops that CRANaplus Bush Support Services runs. These are Mindfulness and Reflective Practice. The two practices go hand in hand.**

Opening up the opportunity in resilience-building and workplace conflict workshops to be exposed to the ideas of reflective practice is consistently identified by participants as extremely useful to both personal growth and professional practice. Its role in assisting to keep the rural and remote health workforce emotionally robust and professionally tuned is obvious.

Reflective Practice invites health professionals to constructively question every aspect of the work they do. It helps to reveal the assumptions that individuals have that play out in decision-

making and behaviours in the workplace. These assumptions are often very 'unconscious' and are created by many factors including what 'society' has taught us, education, previous experience and on-going professional development. These assumptions are both helpful and unhelpful but all deserve to be exposed and explored.

### Reflective Practice invites health professionals to constructively question every aspect of the work they do.

In the literature there are many different models of Reflective Practice with many similarities to the same end point of providing the opportunity to look at specific events, to understand what informed decision-making in that event and finally to make decisions in the future.

The model (Kolb, 1984; Gibbs, 1988) most discussed by CRANaplus Bush Support Services is fairly straight-forward and shares essential characteristics with most models you can read about in the literature. It firstly invites individuals to describe in detail a specific work place situation or event. It then encourages to really think about why certain decisions and actions were taken. The third step involves critically reflecting on whether or not the decision could have been informed by other factors and how this might be achieved. Finally, the model suggests a plan of action on the basis of reflection.

How to familiarise yourself with the style of questioning (and answering) is the core business of the material covered in the CRANaplus Bush Support Services workshops. One of the suggestions that comes out of the workshops is that participants think about establishing peer networks that can meet regularly or on the phone or internet.

Another way of regularly engaging in Reflective Practice is by writing. This is particularly useful especially if you are very isolated. The process is essentially the same. You choose an event and work your way through the stages. It is a little more difficult to do initially because of the danger of being 'trapped' by your own thinking but it is important to remember that the aim of the exercise is to be able to 'step outside and look in' on the experience.



**Reflective practice is an idea that is very familiar to most health professionals as it is covered in most university degrees. However, it is one of those things that is often mentioned but is 'lost' in the busyness of health workplaces.**

Reflective practice is an idea that is very familiar to most health professionals as it is covered in most university degrees. However, it is one of those things that is often mentioned but is 'lost' in the busyness of health workplaces. To be effective, Reflective Practice needs to be valued and practised regularly.

Workplaces need to prioritise it through adopt a position of Mindfulness and reflection as part of the culture. Ideally it is done on a one to one basis or in a group. An essential element in the process is safety. ►►

►► Reflective practice is NOT performance management nor is it meant to be punitive. Reflective Practice is not about coming up with 'answers'. Your Reflective Practice session should not look like a cookbook approach to any given scenario and in that sense is very different to other clinical practices you may engage in.

**Just like Mindfulness, Reflective Practice is a way of stepping back and looking at ourselves. It operates from a position of curiosity. It has the additional clear step of the possibility of change.**

Of course, the psychologists at CRANaplus Bush Support Services can guide you through a Reflective Practice exercise if you request it.

As well, participants of CRANaplus Bush Support Services workshops can now request the new CRANaplus Bush Support Services Reflective Practice Tool kit.

This toolkit consists of flash cards that are used as generic question prompts to guide participants through a Reflective Practice session as outlined by the models above.

Just like Mindfulness, Reflective Practice is a way of stepping back and looking at ourselves. It operates from a position of curiosity. It has the additional clear step of the possibility of change.

Incorporating Reflective Practice into your work life is a way of maintaining your own resilience and enhancing patient care.

**If you would like to introduce Reflective Practice into your workplace or are interested in the possibility of professional development training in it please contact me at:**  
annmaree@crana.org.au ●



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# time to relax and have a drink – safely

By Amanda Akers  
Clinical Psychologist  
CRANaplus Bush Support Services

The hectic week is over, you arrive home, (or to a non-dry community), walk in the door, and say to yourself “It’s time to relax and have a drink”. There’s no work tomorrow, no-one telling you what to do, you can stay up late, forget about staff, patients, deadlines, meetings, and work. The night is all yours, it’s your time to relax and unwind. “Give me a drink!” you say to yourself, your partner or your colleague. A drink is just what you need to help you relax fast, and to forget the stresses of daily work-life.

So many of us have this mindset, and, after all, alcohol does help us to relax. It’s so easy to have a few drinks and then feel relaxed. It’s legal, we won’t get into trouble with the law (unless we’re on an alcohol ban), it’s tasty, it’s refreshing, it makes us feel good and it gives us something to do, a focus, and a routine. What happens though, when that routine becomes a bigger routine, taking up more of our time, reducing our sleep time or making us unwell? Alcohol can make us feel tired the next day, or hungover if we drink too much. It can reduce our concentration, and we can quickly mask these unwell feelings with a strong coffee, or sometimes even another drink of alcohol, and then the cycle starts all over again.

This article is not about giving up drinking, but there are a few simple harm minimisation strategies that can help us drink alcohol in a manner that doesn’t result in feeling rotten the next day, and they’re not as hard as you may think. It doesn’t take much to implement these strategies into your life, and then, if you’re game, you could also think about some of the longer-term strategies to maintain better health, later on.

To start with, that awful feeling the morning after a big night of drinking is usually the result of dehydration: dry mouth, aching or pounding head, slight nausea, thirst, and fuzzy head. Alcohol is a diuretic, it removes fluid while we’re drinking and we’re not necessarily noticing how much we urinate, and we also don’t necessarily attribute our looser bowel movements the following day to the diuretic effect of alcohol.

Here are some short-term harm minimisation strategies that can help to reduce the effect of alcohol on our health:

- 1. Stay hydrated. Make your first drink of the evening a non-alcoholic drink.** Have a large drink of water before you start drinking to re-hydrate your body. This will not affect your feelings of intoxication, it’ll just rehydrate your body. If you forget to have a drink of water before you start drinking, make sure you have a large drink of water before you go to bed. Or even better, do both.
- 2. Alternate your alcoholic and non-alcoholic drinks.** During the course of your drinking, try to have non-alcoholic drinks, especially if you’ve forgotten to make your first drink a non-alcoholic drink. So often we can feel thirsty during the course of drinking and we can tend to ignore this feeling and just have another alcoholic drink. Remind yourself that alcohol is a diuretic and have a drink of water when you feel thirsty.
- 3. Eat while you’re drinking.** Our liver and pancreas don’t cope well when we drink on an empty stomach. So many cases of pancreatitis are the result of not eating before, or while, drinking. Why do people refrain from eating an evening meal when they’re drinking? There are several reasons: to start with, people often think that eating a meal will slow down the effects of the alcohol. People also get to the point of intoxication where their organisational skills



are reduced and the idea of cooking a meal is a little too hard, so they ignore the task cooking dinner and just have another drink. Alcohol is full of calories and it can fill us up so we’re not hungry, or in the case of drinks such as beer, it makes us feel too bloated to fit any food into our stomach.

Alcohol doesn’t have to be digested like food. It’s absorbed into the system through the upper gastro-intestinal tract. Too much alcohol being absorbed this way can cause ulcers in the gastro-intestinal tract. Food in the stomach will only absorb about 20% of the alcohol, and then the food is digested anyway. Eat before drinking or while you’re drinking, you’ll feel better for it in the morning and in the long run.

- 4. Don’t eat salty food.** While it’s good to eat while drinking, try to avoid salty foods like chips and nuts. The salt will make you thirsty and you’ll drink quicker to try to quench your thirst.
- 5. Try to drink slowly.** It’s common for people to throw down those first few drinks very quickly. We want to relax fast and quench our thirst fast. A healthy liver can only process one standard drink per hour, so if you drink a few drinks quickly, then start to feel the effects of the alcohol, you will only need one standard drink per hour to maintain that

nice relaxed feeling that alcohol can invoke. If you’ve started drinking quickly, try to note that, then try to drinker slower to avoid becoming too intoxicated too quickly. Put your glass down between sips (if you’re out at a drinking venue you may want to keep an eye on your drink), but if you’re at home, putting your drink down between sips gives you time to relax, and it removes the focus from your drink to other things you can do with your hands.

- 6. Count your standard drinks.** Taking responsibility for our health and our drinking behaviour is a positive means of harm minimisation and being in control. Waking up thinking “Oh gee, how much did I drink last night?! I feel awful” could be a thought of the past if you monitor your drinking and stick to your plan. Make sure you know how many standard drinks are in your bottle, can, or glass. If you’re not sure, read the fine print on the bottle or can, and measure your favourite glass so you know how many mls you pour for each glass.

If you’re faced with a police officer armed with a breathalyser asking “How much have you had to drink tonight?” wouldn’t it be good to be able to say with a smile “I’ve had 2 standard drinks over a 4-hour period so my blood alcohol concentration (BAC) should be OK officer, but let’s see shall we?” >>

7. **Plan your drinking.** This may sound a bit structured for a relaxing night, but if you have a plan and try to stick to it, it's healthier than having no plan and blowing out your night with too much alcohol and a lousy morning hangover next morning. The following questions can be useful:

**Who:** Who will I drink with? Ideally not someone who will lead you astray with drinking into the wee small hours of the morning.

**What:** What will I drink? Sticking to one type of alcohol can reduce the risk of becoming unwell. Decide on what you'll drink and try to stick to it.

**When:** Give yourself a timeline. For example, if it's hard for you to count your drinks and stick to a number of drinks, give yourself a time for drinking instead. Decide what time you'll start and what time you'll stop drinking, or what time you'll start drinking water instead (in preparation for going home or going to bed). If you're having a night out on the town, you might decide to stop drinking at 11:00pm or midnight. You could still stay out partying and still feel intoxicated because your liver will still be processing the alcohol.

**Where:** Plan where you'll drink. If you're at home, you may make a plan to stay at home and not venture out to someone's house or to a drinking venue. If you're going out, plan where you're going and make sure you don't add more venues to your night out (e.g. no pub crawls).

**How much:** Plan how much you'll drink, set a limit to the number of drinks you'll have, then keep count. Alternatively, you may set a limit on how much money you'll spend on alcohol.

The best laid plans can be broken of course, but a plan made while you're sober is a plan that is better than one made while your brain is intoxicated with alcohol, as our decision-making ability is markedly reduced even after only a couple of drinks of alcohol.

If you're already using some of these strategies, or when you start using some of these strategies, and you still find your drinking is causing some lousy or fuzzy mornings, or that your drinking has affected your health, weight, concentration, work or reputation, there are some longer-term strategies that can be considered.

1. **Introduce 1 or 2 alcohol free days.** For some people, tolerance to alcohol can build up and they may find they need more alcohol than before to reach the desired effect of the alcohol. Introducing 1 or 2 alcohol-free days into your week can help reduce the effects of tolerance, for people who drink on a daily basis. It gives your body a break from alcohol, you get a good night's sleep, and are therefore able to manage stress better.
2. **Take a holiday from drinking.** If you don't drink on a daily basis but find you're more of a binge drinker when you return home, or when you're away from work, taking a longer holiday from drinking can give your body a break from the effects of binge drinking. You might consider trying to engage in a Feb Fast, Dry July, or an OcSober challenge. Have a challenge with a friend, offer a reward for a month holiday from drinking (money or a gift, or a dinner or task for the other person in the challenge).
3. **Distraction.** Do something to distract yourself from drinking. Set yourself a challenge that requires your focus without alcohol. Such a distraction may be committing to study, start that Graduate Diploma or Masters degree, or even a short course online that you've been considering. Think about the friendship you have with a non-drinker and spend some time with them. Spending time with non-drinkers can remind us what others do with their time, other than drinking, and it gives us ideas for our alcohol-free days.
4. **Change your routine.** Rather than heading for the fridge or the bottle shop, change your routine. Do something else first. This will delay your drinking for a brief period

and bring useful activities back into focus. Water or tend to your garden or your pot plants. Visit a friend or go for a walk before settling in for the night. If you're away from work, back home or in a larger town or city, plan to go out. Go to a movie or a show. Go and explore a new cuisine or a location you haven't visited.

5. **Put your health first.** A long-term harm minimisation plan can involve a health focus. Look at your diet, look at your calorie intake, consider your exercise and physical health. If you do this, alcohol comes off second best. You can still drink, but you'll be automatically focusing on your diet and exercise, leaving less time to get smashed and feel ill on your days off.
6. **Change your mindset.** Do you really need a drink to relax? Are there other ways to relax other than drinking till you struggle to put yourself to bed? If you're drinking to relax, you could try to explore other ways to relax. Change your mindset to one that uses healthy ways to relax, so after relaxing, and it's time for a drink, you can really enjoy the flavour of your alcoholic drink, your food, your environment and either good company or solitude, knowing that you can wake up tomorrow morning feeling well-rested, healthy, and ready for the brand new day.

At the end of the day, enjoy safe drinking and remember to look out for your friends and colleagues.

For further information on alcohol, check out the Australian Alcohol Guidelines at [www.nhmrc.gov.au/guidelines-publications/ds10](http://www.nhmrc.gov.au/guidelines-publications/ds10) or the National Guidelines for Alcohol Consumption at [www.alcohol.gov.au](http://www.alcohol.gov.au)

If you, or anyone you know is having trouble with drinking, or if drinking is affecting your life or their lives, call CRANaplus Bush Support Services on 1800 805 391 any time, 24 hours a day, 7 days a week. ●

## Something on your mind?

Need to talk to someone who understands what it's like to live and work in remote Australia?

CRANaplus Bush Support Services is offering free and confidential face to face psychological counselling at the CRANaplus Conference in Cairns.

This service is available to all Conference delegates and their families.

A team of experienced CRANaplus Bush Support Services' psychologists will be available for FREE one-on-one confidential counselling at a convenient, discreet and private venue, to offer support on a broad range of issues including: workplace mental health; drug and alcohol; trauma; sexual assault; and family and relationship issues.

Free Confidential Counselling is offered in a safe place just ring CRANaplus Bush Support Services on 0487 702 373 to make your appointment.

To avoid disappointment you are encouraged to book an appointment early.

# do you want to work in a penguin culture or a bear culture?

By Therese Forbes  
Psychologist  
CRANaplus Bush Support Services

Recently I presented a poster at the 11th International Association Conference on Workplace Bullying and Harassment conference in Bordeaux, France. The title of the conference was "Better Understanding of workplace bullying and harassment in a changing world".

## Some of the topics covered were:

- Identifying and measuring risk factors
- Prevention and intervention
- Work Environment
- Legislation and compensation
- Health effects and rehabilitation
- Sexual harassment, gender issues and discrimination
- Cyber bullying
- Ethics

There were many extremely interesting presentations held over the three-day conference and whilst the context of work environments from around the world was diverse there were quite a few presentations that were concerned with managing and preventing workplace bullying in nursing.

Why are these behaviours so entrenched in workplaces? Zero tolerance policies appear to have done little to reduce these behaviours and improve workplace culture in nursing.

Culture has been studied extensively and it covers everything that a group has learned as it has evolved. Schein (2017) offers this definition:

*"The culture of a group can be defined as the accumulated shared learning of that group as it solves its problems of external adaptation and internal integration, which has worked well enough to be considered valid, and therefore, to be taught to new members as the correct way to perceive, think, feel and behave in relation to these problems. This accumulated learning is a pattern or system of beliefs, values, and behavioural norms that come to be taken for granted as basic assumptions and eventually drop out of awareness."*

**Zero tolerance policies appear to have done little to reduce these behaviours and improve workplace culture in nursing.**

Summed up workplace culture is an accumulated shared learning that we can be largely unaware of. CRANaplus Bush Support Services talks to many people who have been bullied in the workplace – when this happens in the remote workplace it can be debilitating and sometimes results in good people leaving remote health.

Without awareness many bullying behaviours can be left unchecked. Raising awareness of instances of incivility or noticing when team members are being ostracised is an important first step to changing the culture in your workplace.

Do you want to work in a bear culture or a penguin culture? When I first saw this question I did not know what this meant. *I like penguins!*... However nobody messes with bears!



**Without awareness many bullying behaviours can be left unchecked. Raising awareness of instances of incivility or noticing when team members are being ostracised is an important first step to changing the culture in your workplace.**

It turns out that the difference between the two types of culture is whether they are nurturing or brutal!

Cute penguins, it turns out, respond to a member of their group who is struggling by pecking it to death. Strong, intelligent bears attempt to nurture the struggling member of their group until it can return to health (Schein, 2017).

Be aware of the struggling member of your team and make the decision to make the tone of your workplace a bear culture – It's the strong, intelligent way to work!!

**Yours in awareness**  
Therese ●

## Reference

Schein, E. H., & Schein, P. (2017). *Organisational culture and leadership*. Wiley.



# educate

## night patrollers working safely

The commitment of the hundreds of Community Night Patrollers in the Northern Territory and northern South Australia to protect and care for their families and communities has now been recognised in stories, video and photographs.

The material highlighting the patrollers' stories, concerns and hopes is part of a project over an 18-month period to develop a safety package aimed at increasing the safety of the Community Night Patrol (CNP) Workforce. The patrollers are often first-responders to accidents, injuries, fights and deaths within their communities. They defuse volatile situations without police intervention and sometimes find themselves managing situations involving their own family and friends.

Above: Aboriginal cultural mentors assisted in the development of artwork depicting the establishment of the night patrols.

Right: Patrollers often manage situations involving their own family and friends.



The package contains safety guidelines, and a range of resources including a handbook, risk assessment tools and an eLearning course of five training modules.

CRANaplus, contracted by the Department of the Prime Minister and Cabinet (PM&C), undertook extensive consultations to capture the safety concerns of the workforce from 81 Night Patrols operating within the Northern Territory and six communities in the South Australian Anangu Pitjantjatjara Yankunytjatjara (APY) lands.

The CNP workforce comprises more than 400 night patrollers, the majority local Aboriginal men and women who retain connection with country, family, language, lore and custom.

The CNP workforce comprises more than 400 night patrollers, the majority local Aboriginal men and women who retain connection with country, family, language, lore and custom. This allows them to maintain respect and cultural authority within their own communities.

As part of the project, CRANaplus partnered with the Central Australian Media Association (CAAMA) to produce a series of 21 stories, a promotional video and individual and group photos of the patrollers to capture the strength and uniqueness of this workforce.

Aimed at raising community awareness about the role and responsibilities of the Community Night Patrol workforce, this material will feature as part of the communications strategy and media campaign as well as being used in the training modules. ►►



► Project team member Tarneen Callope, says CRANaplus would like to acknowledge the time that patrollers, team leaders and managers gave so generously in pursuit of improving the safety of their workforce and the communities in which they live, work and serve every day.

“We were honoured and humbled to have had the opportunity to be involved in learning from such an incredible and knowledgeable group of people,” she says.

The Project Team also worked closely with Aboriginal cultural mentors, Heather Rosas and Valda Shannon who provided the artwork for the project. Their artwork tells the story of the beginning of the Jalalikari Night Patrol in Tennant Creek and how it has grown and moved out into other regions and communities.

“This artwork highlights the establishment of night patrols as a community-driven initiative and to acknowledge the desire of Aboriginal communities to have ownership of the services and to have a voice in identifying community concerns and priorities,” says Tarneen.

The Project Team also worked with 18 Service Providers, (Councils and Aboriginal Corporations), training organisations (Charles Darwin University & Eagle Training), the Northern Australian Aboriginal Justice Agency (NAAJA), the Northern Territory Police and Prime Minister and Cabinet Regional Network staff.

“Their dedication and expertise in ensuring this workforce is prepared and skilled to take on the demanding role of Community Night Patrol is inspiring,” says Tarneen.

The Project Team included Project Manager, Kristy Hill; Indigenous Project Officers Tarneen Callope and Djunagur Callope; and consultant, Judy Hoskins. ●

Top left: MacDonnell Regional Council.

Top right: John Leo Huddleston, Roper Gulf Regional Council.

Left: Regional Anangu Services Aboriginal Corporation.





# WIN!

**\$500 off**  
a CRANaplus course!

Win a further \$500 off a CRANaplus course, if you sign up and complete an 8 week remote area contract in the Northern Territory.\*

Register your interest for remote area nursing contracts to enter!

\*T&Cs apply

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## well-grounded, well-rounded

"The pre-reading got me so excited, I wanted to jump up and run out to the bush to work again." That was the reaction from Joan Callaly, Regional Occupational Health and Safety officer for the WA Country Health Service in the Pilbara, when she began studying the CRANaplus Stay Safe and Secure course earlier this year in Townsville.

The course was launched in May to address the problem of violence towards healthcare workers in rural and remote areas. Joan is hoping the course will be brought to her region. Meanwhile she's been sharing the course's Rapid Assessment Tool with her staff.

Joan is responsible for OHS for about 850 staff in seven hospitals and three single-nurse bases throughout the Pilbara. Based in Port Hedland on the WA coast, just south of the Kimberley region, the furthest-away hospital for Joan to visit is Newman, 500 km to the south-east; Karratha is 240 km down the coast, and it's a seven-hour drive to Onslow.

"The course is exceptionally helpful," Joan says. "It's common sense. It's not steeped in theory and policy." She says the course content captures all that she'd experienced and all she'd learned out in the bush. "It's all there for those younger nurses and staff who are new to rural and remote nursing. It lays it all out really well. You have a really good idea how to organise yourself and keep yourself safe.

"Most people who go out remote are, hopefully, in the main, young, physically fit and strong, with a lot of really good clinical knowledge. If you give these people these skills, they're going to have confidence, they'll follow the guidelines, and they'll use their intuition, and know how to be secure and safe."



Joan points out that when she first went out bush, they didn't even have telephones. "But we didn't have the problems we have today," she says. "Your house was safe. On a call-out, you didn't go into the community alone at night: a member of the community would be rostered on to be your guard.

"The real problem now is violence and aggression, mostly related to alcohol, drugs and increasingly 'ice' (crystal methamphetamine).

"Our staff – they come up from the cities and don't have enough training for the situations they are walking into. There's a lot of mining in the Pilbara and the drugs come in on trucks from the eastern states and by ship from overseas. But, from people I speak to, I know drugs is not a problem that's unique to this area."

Port Headland has a 49-bed hospital, Dialysis Unit ward and a very busy emergency

Above: Members of the Townsville group demonstrate a defensive stance.

department "which is where the trouble generally begins," says Joan, who sees many benefits if staff use the Rapid Assessment Tool. "You know the first question to ask yourself, 'Is this going to be a safe encounter?' and if the answer is 'No' – then you know to get help."

The week before Joan did the course, there was an incident in one of the small-town hospitals.

"In the middle of the night, an experienced nurse opened the door to a busload of people who'd been drinking all day," says Joan, "and she went out with a wheelchair for someone who was injured. That ended in a Code Black – which means the police were called to an emergency situation. ▶▶

» “Staff hadn’t assessed the situation. It’s dark, midnight, a bus of drunk people. Going out on your own: you don’t do that. With the Rapid Response Tool – you would quickly realise what to do: keep the door locked and call the police. Even if the person is injured. “It’s automatic to want to help but you need to have this thought – check for safety first. The person will still be treated.”

During the workshop, Joan says she was anxious about doing the session on break-away moves. “We have a thought here at work, we don’t want our staff to be taught physical stuff. They might get hurt,” she says. “But the session was terrific. I really enjoyed it. It was safe. Really sensible. Not the full, physical, throw-on-the-mat activities.”

### Some testimonials from the Staying Safe and Secure Course in Townsville:

*“Thank you for an informative course. It was positive to look at safety from an organisational culture perspective and challenge some of the status quo we have come to expect. Some useful thoughts & actions to take away and back to our workplaces. The diversity of participants added to the value and shared experiences.”*

*“Looking at adopting course into HHS.”*

*“Website and online training was a bit hard to navigate and follow.”*

*“Material – so good – pushing it to all Pilbara FTE = 740 with a head count of approximately 825.”*

*“The practical session was amazing! I learned more in 20 mins than in a previous 1-day workshop regarding breakaway techniques.”*



Demonstrating a break-away move.

“For the rural and remote areas, we need a solid work force, well grounded and well rounded, says Joan. Apart from making sure health workers get top training, Joan is also an advocate for self-care and advises staff to take advantage of the Bush Support Services counselling offered by CRANaplus. “Nurses are often reluctant to talk, but I tell them ‘it’s for you and it’s free,’” she says.

Remote nursing is a fantastic choice, says Joan. “You can influence people, you can influence their behaviour – not overnight, of course. Like most people, you still sometimes feel you don’t know anything, and nothing is having any effect. But then I go, even now, into some communities where I worked and still people call out to me.

“In the bush you can be the biggest giver – of immunisation. You can also help enormously with chronic disease. You manage your patients, look after them and really get to know them, from birth.” ●



## Mental Health Emergencies

**CRANAplus**  
improving  
remote health

**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 Mental Health Emergencies (MHE) course is for you

The MHE course is designed to enable 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 as a result of traumatic events such as attempted/completed suicide.

#### Cost

CRANaplus Members \$300  
Non-members \$350

#### Course Dates and Locations

NT, Katherine, 29 Oct 2018	QLD, Cairns, 19 Sep 2018
SA, Port Augusta, 9 Nov 2018	TAS, Hobart, 18 Oct 2018
QLD, Mount Isa, 24 Aug 2018	VIC, Lorne, 5 Oct 2018

#### Course Delivery

MHE is designed to meet the learning needs of the remote and isolated health workforce (Nurses, Midwives, Aboriginal & Torres Strait Islander Health Workers/Practitioners, Paramedics and Medical Officers) 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 MHE course can be modified according to needs of the health service and be delivered on an organisational basis.

The Mental Health Emergencies (MHE) course has 2 components:

- Online pre-course theory
- 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 and 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
- Debriefing & clinician wellbeing (optional)

For more information see <https://www.youtube.com/watch?v=v4uLkg5UqKw>

# 2018 EDUCATION SCHEDULE



## COURSES ARE OPEN FOR REGISTRATION AT CRANA.ORG.AU

Schedule subject to changes, please check website for updates.



### Maternity Emergency Care

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



### Advanced Life Support

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



### Midwifery Upskilling

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



### Remote Emergency Care

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



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



### Advanced Remote Emergency care

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



### Paediatric Emergency Care

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



### Triage Emergency Care

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



### Practical Skills

QUEENSLAND  
CAIRNS, 2 SEPT  
NORTHERN TERRITORY  
ALICE SPRINGS, 24 JUNE  
VICTORIA  
HEADING GATHA, 21 FEB  
TORQUAY, 12 MAY

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

Think Global, Act Local - Leading primary healthcare in a challenging world

### CRANAplus Bush Support Services

1800 805 391

24/7 toll free counselling service

### Aspiring to a career in remote practice?

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



### CRANAplus Education Services

To register for a course, visit [www.crana.org.au/education](http://www.crana.org.au/education)

or call **08 8408 8200**

CAIRNS  
07 4047 6400

ALICE SPRINGS  
08 8955 5675

ADELAIDE  
08 8408 8200



# professional

## professional services overview

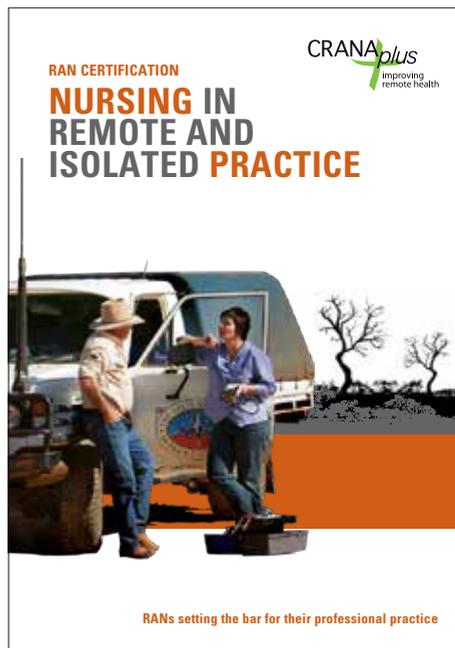
### RAN Certification

In our Winter edition we talked about the RAN Certification and busted some of the Myths. RAN Certification is a very new concept for remote nurses and continues to steadily grow. Join the many who have now proudly achieved Remote Area Nurses Certification status.

To access this information visit website: <https://crana.org.au/certification/ran-certification/>

### LGBTI Networks of Interest community gone LIVE

July saw the launch of a number of events: Dry in July; Christmas in July; and also the LGBTIQ NOI community of remote health professionals. It is the latest in the NOI featuring on the CRANaplus Facebook. The Networks of Interest Community groups are a collective of CRANaplus members with common professional areas of interest.



They serve as an avenue for the sharing of resources and support within the group and discussing topical issues, raising or asking questions. Our champions for LGBTIQ NOI are Ben Crough and Rachel Williams.

Read about it here:

### Latest NOI reflects diversity

Over the past few months, CRANaplus has been working to bring together collectives of members in an informal space to discuss common professional areas of interest within the remote and isolated health workforce. Whilst there are a number of specific areas that we will eventually launch, we have been able to begin with the Students Network of Interest, the End Of Life Network of Interest, and the LGBTIQ Network of Interest.

Each of these discussion groups are run through Facebook and serve as an avenue for the sharing of resources and support within the

group and form a dedicated communication pathway when CRANaplus is seeking or disseminating information that is of sole relevance to that area of practice and professional interest.

Any CRANaplus member is able to join by clicking the 'Groups' tab on the CRANaplus Facebook page – [www.facebook.com/CRANaplus](http://www.facebook.com/CRANaplus) – and then, 'Join'.



...CRANaplus has been working to bring together collectives of members in an informal space to discuss common professional areas of interest within the remote and isolated health workforce.

To facilitate discussion and sharing of information between our members in each Network of Interest group, CRANaplus facilitates the closed groups that are led by a nominated 'Champion' who can help engage others in conversation.

As a member of the CRANaplus Networks of Interest, you will have the opportunity to ask advice of others in the group, answer questions that may come from others in the group, contribute to conversation about industry matters, and more.

Our newest group, the LGBTIQ Network of Interest, is led by two Champions: Ben Crough and Rachel Dorian. ▶▶

► Ben has worked in remote health when he took up an intern position in the Kimberley before moving to the Pilbara to run the pharmacy at Wirrika Maya Health Service.

In 2016 Ben moved to Melbourne to work in a diabetes specific role and there he also started the Australian Unity Pride Network. Ben is a mentor for Out for Australia, is a Pride in Diversity Endorsed Trainer and has lead numerous initiatives at his current workplace for LGBTIQ inclusion. Ben sees this CRANaplus NOI group as being a true touch point for all remote workers. "I wish I had this support of speaking to other remote health workers who are LGBTIQ. I came out when I worked in the bush and having this special interest group may have made that easier."

## Through establishing the CRANaplus LGBTIQ Network of Interest we are able to bring together health workers from a variety of gender and sexuality diverse backgrounds and our allies.

He looks forward to groups discussions and support LGBTIQ people and allies "members who join the special interest group can expect general support, discussion and being made aware of the events that are happening around the nation for LGBTIQ people".

The CRANaplus LGBTIQ NOI group is open to people who are LGBTIQ and those who are allies or non-LGBTIQ supporters.

Rachel Dorian is a 32-year-old queer Registered Nurse who grew up in Africa, Central Australia, Regional Canada and Adelaide, and has now (semi) settled in Melbourne.

As a Registered Nurse for almost ten years, and having worked primarily in Emergency, and Rural and Remote care Rachel aims to increase the visibility of support and presence of the LGBTIQ community within CRANaplus and has already made giant leaps towards this goal starting back at the annual Conference in Melbourne several years ago.

With Rachel's advice, CRANaplus has been able to implement policy, a working group, an informal Facebook page and even a new LGBTIQ rainbow CRANaplus logo, a logo which we wore very loudly and proudly as a group to Mardi Gras in 2017.

During her multiple rural and remote contracts, Rachel experienced first-hand the lack of support for and prominence of prejudice towards LGBTIQ members in these communities.

What struck her was the sense of isolation and feeling of lack of support. As an LGBTIQ health worker Rachel was afraid to be open of her sexuality due to fear of being shunned or losing the respect of staff mates.

She was also aware of the lack of education regarding gender and sexuality diverse people and our varied range of healthcare needs (for example, discussions around sexual and gender identity, support with hormone therapy, safe sex for same sex couples, etc).

Through establishing the CRANaplus LGBTIQ Network of Interest we are able to bring together health workers from a variety of gender and sexuality diverse backgrounds and our allies.

In doing so we can provide support for one another, and work towards educating and providing targeted healthcare to LGBTIQ and gender diverse clients within the remote and isolated health sector.

We encourage you to join the Network of Interest group and look forward to your feedback, questions and suggestions regarding where you would like to see this group go and any specific items you'd like addressed.

We also plan to be a visible and accessible LGBTIQ presence and assist the workforce in celebrating and supporting the community of remote and isolated LGBTIQ workers and clients. ►►



Left: At the LGBTIQ Mardi Gras 2017: Rachel Dorian (far left), Ben Crough (centre with head band).

## ► Remote Management Program

The first remote management program for 2018, commenced in May with a two-day workshop held in Adelaide in late-June and was well received by the participants.

### The tools for the job

Nicole O'Neil, Senior Clinical Safety and Quality Officer with the Royal Flying Doctor Service South East (RFDS) at Broken Hill, is full of praise for the CRANaplus Remote Management Program. Here's why.

"I have had a long affiliation with CRANaplus. It's nurses teaching nurses. So I was delighted to have the chance to do this management course.

"I'd had some management experience and I wanted to reintroduce myself to some of the theories. Management often involves introducing change, but change is difficult, we know this. I'm now coming to the end of the course, and I have to say that it's given me so much insight."

**"I have had a long affiliation with CRANaplus. It's nurses teaching nurses. So I was delighted to have the chance to do this management course..."**

For her project as part of the course, Nicole chose to oversee the implementation of the 2nd edition of the National Standards. "This was a massive project," says Nicole, "and I was fortunate that I was supported by my team. 'We can do this,' I was told. 'Run with it.'

"It was the first time that the RFDS would be implementing the second edition National Standards – and the course gave me the tools to develop this very important project."



Nicole says the workshop component of the course was very rewarding. "There was a nurse I had worked with 20 years ago – and it made me realise how the 'remote nursing community' is really small," she says. "You come across each other because people in remote are keen to keep learning." Nicole particularly enjoyed the workshop by the CRANaplus Bush Support Services on mindfulness – looking after your own personal self.

"The online component really suited me," she added. "I'm very busy, as many people are, and it was great to be able to work independently. Marcia has been so supportive. Whenever there were challenges she was there to help me work it through."

For the project, Nicole decided to have a team for each of the eight standards (governance, consumer engagement, infection control, medication safety, comprehensive care, communicating for safety, blood management and recognising and responding to acute deterioration), with each team working independently.

The project teams are made up of an Executive sponsor, Project lead and 4–8 team members depending on the standard workload required. With use of Base Connect the redesigned RFDSSE intranet Nicole works to coordinate and manage the teams. The teams also provide support and suggestions and to work with each other where the standards overlap.

**"The online component really suited me... I'm very busy, as many people are, and it was great to be able to work independently..."**

Her plan for the future is to keep the teams together through the intranet connection, and continue the collaboration that's developed between the teams.

"It's not all about just taking patients from A to B, its ensuring the RFDSSE is providing the safest possible care" she says.

Nicole, born and bred in Tamworth, says nursing, for her, has always been about rural and remote, and the support she received from the RFDS over the years made her want to eventually work for the organisation.

She worked in emergency for 16 years, had a spell in intensive care and trained in midwifery – all with the plan of moving into RFDS one day.

When she moved into management for seven years, she thought perhaps that dream may not happen.

In Broken Hill, however, she got her opportunity in 2016: combining her management skills with her dream.

"I love it," she says. ●



# PNG experience was an incredible insight

Final year Bachelor of Nursing (Advanced Studies) student Emily Sutherland spent the beginning of this year working with medical teams in remote parts of Papua New Guinea. Here's her story.

In January, I travelled to Papua New Guinea to take part in a medical ship outreach run by YWAM Medical Ships in the Morobe Province. To give a bit of a glimpse into just how remote these places really were; we travelled to work each day by zodiac boat, the back of a ute and sometimes even by helicopter, often travelling up to two hours from our ship to reach our destination for the day.

At each remote village, which have very little health care provision, we set up clinics and provided education to the local communities. Some families walked for up to seven hours to receive health care from the YWAM teams.



We had the privilege of working side by side with PNG national health care workers, combining our resources and working together to serve the people of Papua New Guinea. This was a highlight of the trip for me.



As one of the student nurses on the team, my main role was triaging patients and performing basic check-ups and assessments, such as the healthy infant check before immunisation. Each day I also participated in tropical ulcer wound care, antenatal check-ups, minor operations, school immunisations and, once, an emergency surgery. Other services provided by the teams included optometry, ophthalmology, dental check-ups and community engagement, our ship engineers even helped to fix village vehicles and install some solar powered lighting.

During my time in PNG I learnt and practiced many skills, saw the beautiful, untouched

landscapes of Morobe province, experienced the incredible friendliness and generosity of the Papua New Guinean people, and got to work and form friendships with some amazing medical professionals from all over the world.

It was absolutely astounding to see the positive impact that we had on these villages in just one or two days and I was very grateful to be a part of this. My experience in PNG was an incredible insight into global, rural and remote healthcare, I've found my passion and I would definitely recommend this trip to anyone.

To learn more about YWAM Medical Ships, visit: [www.ywamships.org](http://www.ywamships.org)



# connect

## a trauma informed approach to supporting rural and remote families

Royal Far West (RFW) is a national charity providing services to rural and remote children for 94 years. Our health, education and disability services are delivered either on-site, via Telecare or in-community programs.

### Trauma Journey

Increasing complexity in the families attending our services has seen trauma-informed practice endorsed as a goal in our Strategic Plan.

With inspiration from experts like Stephen Porges, our Trauma-Informed Working Party are helping service and building redesign.

Our understanding of the impact of adverse early life experiences on lifelong health outcomes is informing our partnership with a remote Aboriginal community in West Kimberley, WA.

### Marurra-U

A Bunuba word meaning:  
*To embrace and adopt with love and care*

Marninwarntikura (Marnin) Women's Resource Centre in Fitzroy Crossing approached RFW in 2015, knowing their community was experiencing intergenerational trauma with many developmental vulnerabilities in their children, including a high prevalence of Foetal Alcohol Spectrum Disorder (FASD), and access to support and treatment was very difficult.

A team from RFW was invited to Fitzroy Crossing and spent time relationship building, listening to stories and community immersion. From Judy Atkinson's work we knew that yarning, hearing what people want to tell you, and 'Dadirri' the process of 'listening to one another in contemplative and reciprocal relationships' were essential.

**Rock:** we are our children's rock, but sometimes rocks can be a barrier; **Baby:** what do we need to know about our developing children and when should we ask for help; **Crocodile:** We can be the snappy, harsh saltwater crocodile or the strong, kind freshwater crocodile.

Shared experiences have helped us to build trust and continue a technology-enabled relationship over distance. Capacity strengthening sessions on regulation and safety, language and speech sounds are now being delivered to the Yiyili Aboriginal Community School by RFW clinicians in Manly.

The people of Fitzroy Crossing are sharing their knowledge and culture. Our hope is to develop a repeatable community-led model for remote Indigenous communities across Australia.

### About Royal Far West

Royal Far West is a charity organisation that has been providing health services to children living in rural and remote Australia for 94 years. Royal Far West works in partnership with regional and rural families and their local health and education providers to complement existing services within their communities.

<http://www.royalfarwest.org.au/>

In October 2017 Marnin and RFW hosted a camp for families on Cable Beach, Broome. The most powerful therapy was a safe space for families without the presence of violence, drugs or alcohol use. A speech pathologist focused on language development through play, and an OT provided capacity strengthening and direct therapy.

We set up a canvas and painted as we talked, sharing our experiences with the themes of:



# new review of Aboriginal and Torres Strait Islander children's respiratory diseases says more can be done

The Australian Indigenous HealthInfoNet (HealthInfoNet) has published a new Review of respiratory diseases among Aboriginal and Torres Strait Islander children <https://healthinfonet.edu.au/learn/health-facts/reviews-knowledge-exchange-products/>

The review written by Kerry-Ann O'Grady (Queensland University of Technology), Kerry Hall (Griffith University), Anna Bell, (Lady Cilento Children's Hospital), Anne Chang (Charles Darwin University) and HealthInfoNet Research Coordinator, Christine Potter, found that the lung health of Aboriginal and Torres Strait Islander children requires a greater focus.

The review recommends that to reduce the burden of respiratory illness in Aboriginal and

Torres Strait Islander children, best-practice medicine is essential. Also, tied to this is improving socioeconomic factors, reducing harmful exposures to infections and toxins, and addressing access to culturally acceptable health care and illness prevention programs.

The review also highlights that significant change will only occur once the broader determinants of respiratory health in Aboriginal and Torres Strait Islander children are adequately addressed. However, much can be done now to enable children to 'breathe easy' throughout their lifetime. HealthInfoNet Director, Professor Neil Drew, says "this important review states that respiratory illnesses in Aboriginal and Torres Strait Islander children are serious and can progress to chronic lung disease". ●



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## Review of respiratory diseases among Aboriginal and Torres Strait Islander children

O'Grady KF<sup>1</sup>, Hall KK<sup>1</sup>, Bell A<sup>2</sup>, Chang AB<sup>3</sup> and Potter C<sup>4</sup> (2018)

- 1 Queensland University of Technology
  - 2 Griffith University
  - 3 Lady Cilento Children's Hospital
  - 4 Charles Darwin University, Lady Cilento Children's Hospital, Queensland University of Technology
- Australian Indigenous HealthBulletin

### Suggested citation

O'Grady KF, Hall, K, Bell, A, Chang AB, Potter, C (2018) Review of respiratory disease among Aboriginal and Torres Strait Islander children. *Australian Indigenous HealthBulletin* 18(2).

### Introduction

The term respiratory disease refers to a number of conditions that affect the lungs or their components [1]; each of these conditions is characterised by some level of impairment of the lungs in performing the essential function of gas exchange [2]. Respiratory diseases, which can be caused by a variety of different factors and other medical problems (which may or may not start in the lungs), are generally divided into two basic categories: acute respiratory infections and chronic respiratory diseases [3].

While respiratory diseases are major causes of poor health across the lifespan and death in Aboriginal and Torres Strait Islander people [4], this review focuses on the respiratory health of Aboriginal and Torres Strait Islander children. In 2012–2013, one-fifth of Aboriginal and Torres Strait Islander children aged 0–14 years were reported to have had a long-term respiratory condition [5]. In 2014–15, they were up to two times more likely to be hospitalised for selected respiratory conditions (asthma, influenza and pneumonia, whooping cough and acute respiratory infections) compared with non-Indigenous children [6]. Selected respiratory diseases (asthma, upper and lower respiratory conditions) were in the top ten specific conditions responsible for the total burden of diseases among Aboriginal and Torres Strait Islander children in 2011 [3]. The high levels of respiratory disease among Aboriginal and Torres Strait Islander children reflect a broad range of contributing factors, which are discussed in this review.

Throughout this review, it is important for readers to take into account that Aboriginal and Torres Strait Islander groups vary with regard to geography, socioeconomic status and local customs, and 'Indigenous' as a descriptor belies the heterogeneity among cultures and belief systems that impacts on perceptions of disease and treatments. Further, as the review highlights, there is a paucity of high quality data and research that addresses respiratory diseases in children, with most limited to children in remote regions of Western Australia (WA), the Northern Territory (NT) and Queensland (Qld). Hence caution is required in generalising information from limited data to all Aboriginal and Torres Strait Islander children, particularly from data collected in remote communities and applying to urban communities and vice-versa.

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# preventing cervical cancer



**Pap smears have been relegated to history thanks to a new and better cervical screening test that was implemented across Australia from 1 December 2017 says Edwina Jachimowicz, Coordinator: Nursing & Midwifery Education SHINE SA.**

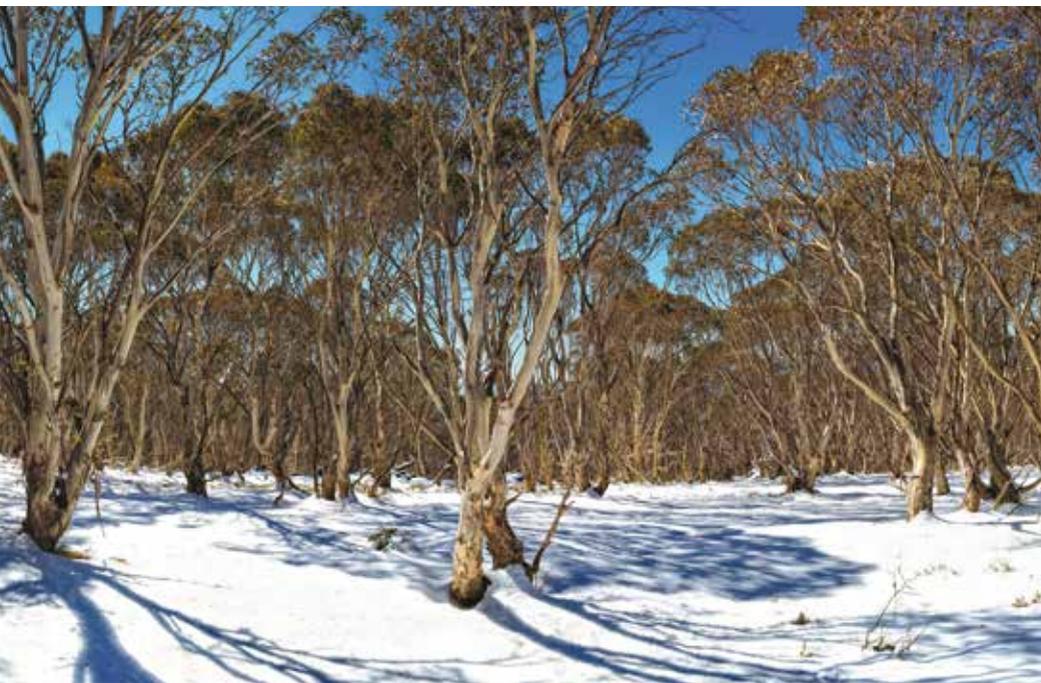
The Cervical Screening Test (CST) is one of the health measures aimed at preventing cervical cancer.

The National Cervical Screening guidelines recommend that anyone with a cervix who has ever been sexually active should commence having cervical screening from the age of 25

years. Routine cervical screening should be repeated every five years for people with no symptoms or history suggestive of cervical cancer. Screening may cease at the age of 74 years for those who have had regular screening with negative test results.

Vaccination against the Human Papilloma Virus (HPV) which has been linked to over 99% of cancers of the cervix is the primary prevention measure, while cervical screening is a secondary measure.

The purpose of cervical screening is to identify and/or monitor the presence of high-risk types of HPV and, in the presence of such HPV infection, detect any changes in cervical cells. Monitoring cell changes allows for intervention before cervical cancer develops. It is important to note that these cell changes can regress, remain static or progress, thus not all require treatment.



Cervical cancer is one of the few cancers that has a precancerous stage that lasts for many years prior to the development of invasive disease (AIHW, 2017, p.2). Over recent years a clear association has been found between cervical cancer and persistent infection of the cervix with one or more oncogenic types of Human Papilloma Virus (HPV).

While infection with genital HPV is common it is usually transient, being cleared from the body within 1–2 years. However persistent infection occurs in approximately 10% of cases (AIHW, 2017) and can lead to changes in the cells of the cervix. Over a long period of time, persistent infection with high-risk HPV type(s) may lead to precancerous changes and, in a very small number of people, if left untreated develops into cancer.

Australia has one of the lowest rates of death from cervical cancer in the world. Cervical cancer accounts for less than 2% of all female-categorised cancers with an incidence of seven cases per 100,000 people with a cervix (AIHW, 2018). This is largely due to the National Cervical Cancer Program which commenced in 1991. From 1991 to 2002, the number of cervical cancer diagnoses reduced by 50%. Since 2002 however, the incidence and mortality rates of cervical cancer have remained relatively static.

While the incidence of cancer of the cervix has reduced considerably since 1991, the disease remains of concern. A total of 764 new cases of cervical cancer were diagnosed in people aged 20–69 in 2014 and 143 people died from the disease in 2015. Detection of high-grade abnormalities in clients aged under 20 and 20–24 are at historic lows. This reduction in detection rates in younger age groups is believed to be due to the introduction of the national program of HPV vaccination.

The incidence of cervical cancer in Aboriginal and Torres Strait Islander people remains unacceptably more than twice that of the non-Indigenous population, and mortality four times the non-Indigenous rate (AIHW, 2017).

National participation rates for Aboriginal and Torres Strait Islanders in the national cervical screening are not available, as Indigenous status information is not collected on pathology forms in all jurisdictions, but there is evidence that this population group is under-screened. Identifying the Indigenous status of people accessing health services helps Close the Gap in health outcomes between Indigenous and non-Indigenous Australians so there is great power in one simple question – ie “Are you of Aboriginal or Torres Strait Islander origin?”

**For more information, go to [www.shinesa.org.au](http://www.shinesa.org.au) or view the recorded SHINE SA Cervical Screening Update clinical forum recorded on June 12th 2018 <https://www.shinesa.org.au/events/education-forums/>**

## Resources

Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding.

[http://wiki.cancer.org.au/australia/Guidelines:Cervical\\_cancer/Screening](http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening)

Staff brochure: One simple question could help you Close the Gap.

<https://www.aihw.gov.au/getmedia/502680f6-b179-42fa-be71-8fd5d793d8d8/indigenous-identification-DLbrochure.pdf.aspx>

PapScreen Victoria Info Sheet: Lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ) people and cervical screening: a guide for health professionals.

[http://www.papscreen.org.au/downloads/research\\_eval/LGBTIQ\\_PAPSCREEN\\_INFO\\_SHEET\\_for\\_GPs.pdf](http://www.papscreen.org.au/downloads/research_eval/LGBTIQ_PAPSCREEN_INFO_SHEET_for_GPs.pdf)

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Australian Institute of Health and Welfare 2017. Cervical screening in Australia 2014–2015. Cancer series no. 105. Cat. no. CAN 104. Canberra: AIHW.

## connecting rural practitioners

Each year, the Mental Health Professionals' Network's (MHPN) interdisciplinary networks and online professional development webinars attract thousands of rural practitioners from across Australia. MHPN's unique platforms promote a collaborative care approach, encouraging practitioners from different disciplines to work together to improve outcomes for patients.

A journal-published MHPN independent evaluation shows, when practitioners from different disciplines network on a regular basis, relationships strengthen and referral confidence and pathways improve.

MHPN supports over 350 networks, with 40% located in regional, rural and remote areas. Last year more than 8,500 GPs, psychiatrists, psychologists, mental health nurses, social workers, OTs, nurses or other associated mental health practitioners attended network meetings.



Psychologist Nicole Jeffery-Dawes, Coordinator of the Kununarra Network.



Networks provide a supportive environment to discuss community concerns, improve awareness of service providers and also increase communication between practitioners.

MHPN's Professional Development Webinar Program features an interdisciplinary panel of experts, engaging in facilitated case-study discussions on a range of mental health topics. They are a popular source of PD amongst rural practitioners, as they offer high-quality content, at no cost and without having to travel.

Psychologist Nicole Jeffery-Dawes coordinates MHPN's Kununarra Network, where practitioners attend meetings online. Like many remote areas, a challenging aspect of working in the Kimberley, is a lack in the coordination of services. MHPN meetings provide one way of overcoming this.

"It's making linkages and collaborations with other practitioners that helps my work. We make our connections, while we learn together," said Nicole.

At meetings, practitioners watch and then discuss a MHPN webinar. In 2017/2018, hundreds of MHPN webinar participants were from outside a major metropolitan area.

"Professional development is so expensive in the Kimberley, and it takes two days to get anywhere. MHPN's professional development makes a difference to us," Nicole said.

To join your local MHPN network, or to download or register for a webinar, visit [www.mhpn.org.au](http://www.mhpn.org.au) or call 1800 209 031.

Chris Gibbs, CEO ●

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\*When committing to raise \$500 or more.

# not even once

The Australian Anti Ice Campaign (AAIC) was formed by Andre'a Simmons in order to raise awareness and educate the public, in particular our youth, of the incredible dangers of the drug Ice, or Crystal Methamphetamine. The core message is 'Not Even Once'. The core objective is 'Putting the Freeze on Ice'.

AAIC is establishing teams of paid employees and Education Workshop Presenters in each state and territory to implement the AAIC's specific initiatives. These initiatives include:

1. **Education Workshops for high school students** delivered by an AAIC Presenter. All AAIC Presenters are people who have recovered from Ice addiction and therefore bring a wealth of lived experience to the role.
2. **Teacher-led role play activities** for students to reinforce the 'Not Even Once' message in the days and weeks immediately following the AAIC In-School Education Workshop.
3. **A school based Art competition** – 'Paint the Nation' – designed to continue to engage the students in the Anti-Ice conversation long after the AAIC Presentation is delivered.



4. **Education Workshops in sports clubs, workplaces and organisations** such as prisons and child safety organisations.
5. **Training Workshop Presenters** as 'Lived Experience Buddies' to help and mentor people who are having an issue with Ice use, to assist these people through the process of making the decision to seek help, and to then refer them to available support services.



7. **Training AAIC Ambassadors in Schools, Clubs, Organisations and Workplaces** – to equip them with the skills and resources to identify someone at risk and to establish a pathway into recovery.
8. **Community Forums** to further inform the general public, to provide a direct form of outreach for anyone struggling with addiction or who has a friend or family member struggling with addiction, and to identify, coordinate and to work in conjunction with existing support services within particular communities.
9. **Television, radio, billboards and print and digital media campaigns** to inform the general public of the incredible dangers of trying Ice, even once.
10. **The AAIC Army** – comprising ordinary people from all walks of life, businesses, companies, and celebrities, who provide ongoing funding (from \$5 a month for individuals and from \$10 a month for businesses) for the expansion and ongoing maintenance of the AAIC Programs.
11. **AAIC's weekly Facebook Live Stream show** – 'Let's Talk About Ice'. Each week people reach out to us through watching the show, and we have been able to help families and get Ice users into Rehab.
12. **AAIC Celebrity Ambassadors**, high profile sport stars and other public figures from all walks of life, to assist AAIC promote the 'Not Even Once' message.
13. **Forming and managing teams of volunteers** – AAIC Community Ice Action Teams (CIAT's) – to implement a number of AAIC programs in all local government areas across Australia.

Please become a part of the solution by joining the AAIC Army today – [www.australianantiicecampaign.org.au](http://www.australianantiicecampaign.org.au) – and help us *Put the Freeze on Ice* in this nation. ●





# AIDA CONFERENCE 2018 Vision into Action

26–28 September, Crown Perth, WA



Building on the foundations of our membership, history and diversity, AIDA is shaping a future where we continue to innovate, lead and stay strong in culture. It's an exciting time of change and opportunity in Indigenous health.

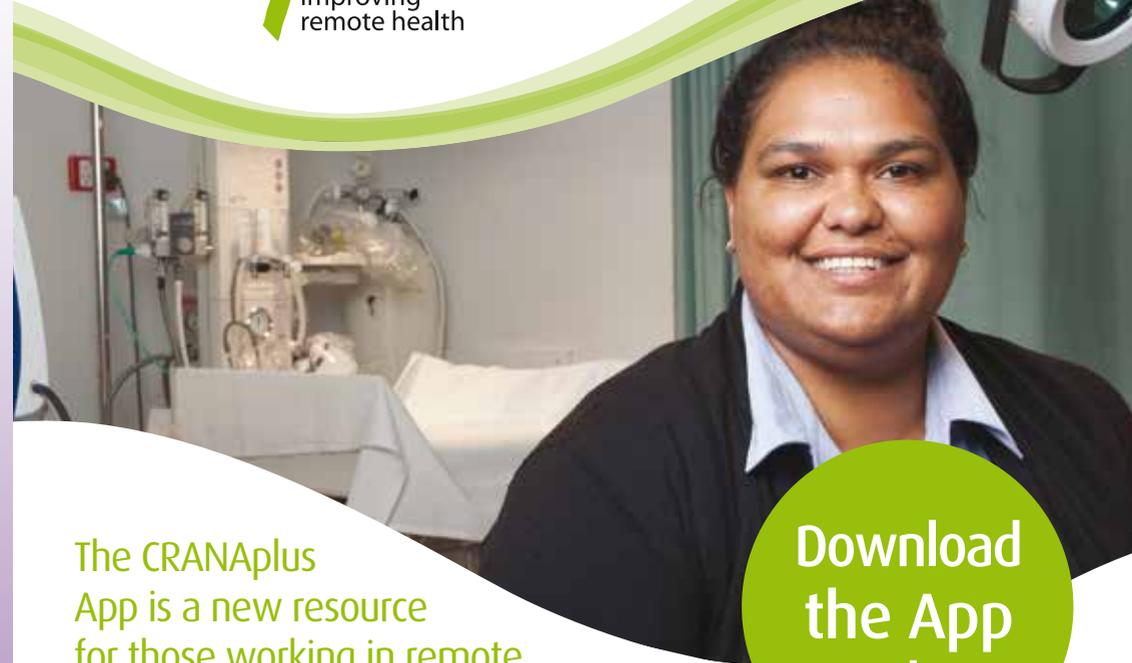
The AIDA conference supports our members and the health sector by creating an inspiring networking space that engages sector experts, key decision makers, Indigenous medical students and doctors to join in an Indigenous health focused academic and scientific program.

AIDA recognises and respects that the pathway to achieving equitable and culturally-safe healthcare for Indigenous Australians is dynamic and complex. Through unity, leadership and collaboration, we create a future where our vision translates into measurable and significantly improved health outcomes for our communities.

**Now is the time to put that vision into action.**

**conference@aida.org.au**  
**www.aida.org.au/conference**  
**#AIDAconf2018**

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